CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

	C/OH INSTRUCTION	Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 (CANDIDATE/	TITLE FIRST	MI	OFFICE USE ONLY
1	OFFICEHOLDER NAME	Hon. Carroll	W.	Date Received
		Schubert	5	
	CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX: APT / SUITE #; C	STATE; ZIP CODE	
[Change of Address		78209	Date Hand-delivered or Date Postmarked
•	CAMPAIGN	TITLE FIRST	MI	
ı	TREASURER NAME	Mrs. Allison	L.	Receipt # Amount
		NICKNAME LAST	SUFFIX	Date Processed
		Greer		Date Imaged
	CAMPAIGN TREASURER ADDRESS (Residence or business)	street address (no po box please); apt / su 1723 Typhoon		ZIP CODE 78248
'	CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (210) 493-3430	EXTENSION	
8	REPORT TYPE	January 15 30th day before election	on Runoff	15th day after campaign treasurer appointment (officeholder only)
		July 15 Sth day before election	n Exceeded \$500 limit	Final report (Attach C/OH - FR)
	PERIOD COVERED	Month Day Year THRO	DUGH 06 /30	
10	ELECTION	Month Day Year ELECTION TY 05/05/01 Primary		General Special
11	OFFICE	OFFICE HELD (if any)	12 OFFICE SOUGHT (if know	vn)
<u></u>		City Council District	t 9	
	NOTICE OF DIRECT CAMPAIGN EXPENDITURE	Direct campaign expenditures are campaign exp Candidates are required to disclose this information		
	BY OTHER INDIVIDUALS	Name N/A		
		Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
	additional pages			
		GO ТО	PAGE 2	5 6

CANDIDATE / OFFICEHOLDER REPORT: **SUPPORT & TOTALS**

P.O.Box 12070

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT #(Ethics Commission filers)
C	arroll W.		
16 NOTICE FROM POLITICAL	may have been made	ice of political expenditures by political committees to support the candid without the candidate's or officeholder's knowledge or consent. Candidat they receive notice of such expenditures. ••	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)		COMMITTEE NAME	
	COMMITTEE TYPE		
		N/A	. # <u></u>
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
			in Ξ
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
# NO DEDODTABLE		l .	
17 NO REPORTABLE	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit be	ow and submit pages 1 and 2 only.)
18 CONTRIBUTION	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN	
TOTALS	PLEDG	ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 55.00
		POLITICAL CONTRIBUTIONS	6 22 100 40
	OTHER	THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 22,100.49
		THE STATE OF	
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	\$ 234.30
IOIALS			Ψ 23-1:30
	4 TOTAL	POLITICAL EXPENDITURES	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 22,412.19
OUTSTANDING	5. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH	
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	\$.00
19 AFFIDAVIT			
		I swear, or affirm, under penalty of p	perjury, that the accompanying report
			nformation required to be reported by
		me under Title 15, Election Code.	,
See an artist of the			
2000000	DESIREE INGLE	7/	1///
	NOTARY PUE	7 // // // // // // // // // // // // //	(MINOUT)
E (*) 24	STATE OF TE		idate or Officeholder
	A.		
# 5 a 5 * \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	My Commission Expires J		
AFFIX NOTARY STAM	P / SEAL ABOVE		
		the said Carroll W. Schubert	_, this the\(\bigcup_th\) day
Sworn to and subscri	ibed before me, by	the said Court of Scharge 1	_, this the\U day
of July ,2	20 <u>01</u> , to ce	rtify which, witness my hand and seal of office.	
	^		
I have	1) aloto	Design Langeton	
Signature of officers	dministeding cath	Printed name of officer administering oath	tle of officer administering oath
Signature of officer a	umms te nng oath	Finited flame of officer administering oath	20 0. Onion dominatoring con-

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 1 of 12
EU EO MANE			ACCOUNT # (Fabine on	
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	minission mers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/01	Brian Brady		\$100.00	
	Contributor address; City; State; Zip Code			
	1920 Nacogdoches #201 San Antonio, TX 782	209		
Principal occuj	pation (Optional)	Employer (Optor	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/01	Susan Wright		\$100.00	
	Contributor address; City; State; Zip Code		\$ 100.00	
	15303 Artesian Oaks San Antonio, TX 78232			
Principal occu	pation (Optional)	Employer (Optor	nal)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/5/01	Gerald Lee, Jr.		\$1,000.00	्रि
	Contributor address; City; State; Zip Code		\$1,000.00	www. Composition
	1226 E. Sunshine San Antonio, TX 78228			} o ₹
Principal occu	pation (Optional)	Employer (Optor	nal)	(L) **
				U
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/5/01	Carl Moerer, Jr.		\$1,000.00	
	Contributor address; City; State; Zip Code		4 .,000.00	
	440 Louisiana Houston, TX 77002			
Principal occu	pation (Optional)	Employer (Optor	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/2/01	Steve Pritchard		\$200.00	accomption (in applicable)
	Contributor address; City; State; Zip Code		\$200.00	
	701 Ivy Lane San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Optor	nal)	
	I			

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 2 of 12 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 5/2/01 Edith McAllister \$100.00 Contributor address; Zip Code 203 Terrell Road San Antonio, TX 78209 Employer (Optonal) Principal occupation (Optional) In-kind contribution description (if applicable) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/30/01 Turner, Collie & Braden PAC \$500.00 Contributor address; City; State: Zip Code P.O. Box 130089 Houston, TX 77219 Principal occupation (Optional) Employer (Optonal)) (Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution. contribution (\$) description (if applicable) 5/1/01 Steve Hanan \$250.00 Contributor address; 206 Happy Trail San Antonio, TX 78231 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#: Full name of contributor Date In-kind contribution Amount of contribution (\$) description (if applicable) 4/29/01 Craig Jeffery \$50.00 Contributor address; City; State; Zip Code 9925 Wood Forest Dr. Dallas, TX 75243 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) Date Full name of contributor 5/3/01 Victoria Waddy \$100.00 Contributor address; State; 2039 Oak Vista San Antonio, TX 78232 Principal occupation (Optional) Employer (Optonal) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

The Instruction guide explains how to coplete this form.		Total pages Sched	Page 3 of 12	
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethi	ics commission filers)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution	
5/1/01	John B. Zachry	contribution (\$		
3/1/01	·	\$100.00	 	
	Contributor address; City; State; Zip Code P.O. Box 240130 San Antonio, TX 78224			
D::I		Frederica (Ontrod)		
Principal occi	ipation (Optional)	Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$	In-kind contribution) description (if applicable)	
5/1/01	J. P. Zachry	\$150.00		
	Contributor address; City; State; Zip Code	ψ130.00	27	
	310 S. St. Mary's St. San Antonio, TX 78205			
Principal occu	upation (Optional)	Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution	
5/1/01	Louis H. Stumberg	contribution (\$		
3/1/01	Contributor address; City; State; Zip Code	\$250.00	٠ ; ر	
	832 Eventide San Antonio, TX 78209			
Principal occu	upation (Optional)	Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$	In-kind contribution description (if applicable)	
5/1/01	Herbert Stumberg	\$100.00		
	Contributor address; City; State; Zip Code	V 100100		
	310 S. St. Mary's #1290 San Antonio, TX 78205	5		
Principal occi	upation (Optional)	Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	in-kind contribution	
5/1/01	Tim Word	contribution (\$	i	
	Contributor address; City; State; Zip Code	\$250.00		
	P.O. Box 310330 New Braunfels, TX 78131			
Principal occi	upation (Optional)	Employer (Optonal)	<u> </u>	

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	1: Page 4 of 12
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/1/01	H.B. Zachry, Jr.		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	310 S. St. Marys #2500 San Antonio, TX 78205			 - -
Principal occu	upation (Optional)	Employer (Optona	al)	· · · · · · · · · · · · · · · · · · ·
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
5/1/01	David S. Zachry		contribution (\$)	description (if applicable)
0/1/01	Contributor address; City; State; Zip Code		\$150.00	
	P.O. Box 240130 San Antonio, TX 78224			l o
Principal occu	upation (Optional)	Employer (Optona	al)	<u></u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/1/01	Murray Johnston, Jr.		\$250.00	description (if applicable)
	Contributor address; City; State; Zip Code		Ψ200.00	
	306 Kennedy Ave. San Antonio, TX 78209			
Principal occi	upation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/01	Walter Busby		\$250.00	Costinue (ii application)
	Contributor address; City; State; Zip Code		·	
	113 W. Agarita Ave. San Antonio, TX 78213			1
Principal occi	upation (Optional)	Employer (Optona	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/3/01	Scott Haushill		\$250.00	assistant in approache)
	Contributor address; City; State; Zip Code		,	
	130 Stanford San Antonio, TX 78212			
Principal occi	upation (Optional)	Employer (Optona	al)	

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 5 of 12 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert In-kind contribution Date Full name of contributor out-of-state PAC (ID#:_ Amount of contribution (\$) description (if applicable) 5/1/01 Darren Casey \$500.00 Zip Code Contributor address; Citv: 200 Concord Plaza #710 San Antonio, TX 78216 Employer (Optonal) Principal occupation (Optional) In-kind contribution out-of-state PAC (ID#: Full name of contributor Amount of Date description (if applicable) contribution (\$) 5/2/01 Darren B. Casey \$250.00 Contributor address; Zip Code σ 814 Arion Parkway #200 San Antonio, TX 78216 Principal occupation (Optional) Employer (Optonal) In-kind contribution Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable) 5/3/01 Charles Brown \$250.00 Contributor address: State: Zip Code 814 Arion Parkway #200 San Antonio, TX 78216 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#:_ In-kind contribution Date Full name of contributor Amount of description (if applicable) contribution (\$) 4/30/01 Michael Barron \$75.00 Contributor address; Citv: State: Zip Code 108 Ridgemont Court San Antonio, TX 78246 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#: Amount of In-kind contribution Date Full name of contributor contribution (\$) description (if applicable) 5/1/01 Richard Brady \$100.00 Contributor address; State; Zip Code 112 E. Pecan #1800 San Antonio, TX 78205 Principal occupation (Optional) Employer (Optonal)

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	n: Page 6 of 12
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	ommission filers)
Date 4/30/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	11 Lynn Batts Lane San Antonio, TX 78218			
Principal occu	upation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if app licab le)
4/2/01	Jackson Walker L.L.P. Contributor address; City; State; Zip Code 901 Main St. #6000 Dallas, TX 75202		\$500.00	
Principal occu	upation (Optional)	Employer (Opto	nal)	5
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/01	3D/I PAC Contributor address; City; State; Zip Code 1900 West Loop South #600 Houston, TX 7702	7	\$100.00	
Principal occi	upation (Optional)	Employer (Opto	nal)	1
Date 5/1/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/1/01	Contributor address; City; State; Zip Code 6929 Camp Bullis Road San Antonio, TX 78258	1	\$2,500.00	
Principal occ	upation (Optional)	Employer (Opto	nal)	-
Date 4/27/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
32.701	Contributor address: City; State; Zip Code 17117 Redland Rd. San Antonio, TX 78247		\$100.00	
Principal occ	upation (Optional)	Employer (Opto	onal)	1
	ATTACH ADDITIONAL COPIES OF	THIS FORM AS	NEEDED	

(512) 463-5800 Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 **POLITICAL CONTRIBUTIONS** SCHEDULE A1 OTHER THAN PLEDGES OR LOANS Total pages Schedule A1: The Instruction guide explains how to coplete this form. Page 7 of 12 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert In-kind contribution description (if applicable) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 4/27/01 Gilbert Vazquez \$100.00 Contributor address; City; Zip Code 300 Convent #1500 San Antonio, TX 78205 Employer (Optonal) Principal occupation (Optional) In-kind contribution Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#: Date description (if applicable) 4/27/01 Dan Wigodsky \$200.00 Contributor address; City; Zip Code 215 Ridgemont Ave. San Antonio, TX 78209 Principal occupation (Optional) Employer (Optonal) Full name of contributor In-kind contribution Date out-of-state PAC (ID#: Amount of contribution (\$) description (if applicable)

4/27/01	Paul Klein Contributor address; City; State; Zip Code 1602 Hawks Ridge San Antonio, TX 78248		\$50.00	
Principal occu	pation (Optional)	Employer (Optona	al)	
Date 4/27/01	Full name of contributor out-of-state PAC (ID#: Roger Hill, Sr. Contributor address; City; State; Zip Code 210 W. Lynwood San Antonio, TX 78212		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	al)	
Date 4/30/01	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	al)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS

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	The Instruction guide explains how to coplete this form.			Page 8 of 12
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	
D-1-	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
Date		And the same of th	contribution (\$)	description (if applicable)
4/30/01	Bank One Corporation PAC		\$250.00	Ē
	Contributor address; City; State; Zip Code			, 1.2 1.2 1.3
	1 Bank One Plaza Chicago, IL 60670			
Principal occu	pation (Optional)	Employer (Optona	al)	ं -
•				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution- description (if applicable)
6/11/01	Jon Lowe		\$200.00	5
	Contributor address; City; State; Zip Code			
	249 Halcyon San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
6/14/01	Ultramar Diamond Shamrock Employee's PAC		\$250.00	
	Contributor address; City; State; Zip Code		,	
	P.O. Box 696000 San Antonio, TX 78269			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/30/01	Lynda Billa Burke		\$150.00	
	Contributor address; City; State; Zip Code			
	4414 Pecan Grove Dr. San Antonio, TX 78222			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/4/01	Henry Amen, III		\$150.00	
	Contributor address; City; State; Zip Code		¥ - 214 2	1
	745 E. Mulberry \$#850 San Antonio, TX 78212			
Principal occu	pation (Optional)	Employer (Opton	al)	·

P.O. Box 12070

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.	Total pages Schedu	Page 9 of 12
FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethi	cs commission filers)
Date	Full name of contributor) Amount of	in-kind contribution
5/14/01	Randy Dym	contribution (\$)	i i
0	Contributor address; City; State; Zip Code	\$200.00	
	17117 Redland Rd. San Antonio, TX 78258		,
Principal occi	upation (Optional)	Employer (Optonal)	
	, control of the cont		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$	In-kind contribution) description (if applicable)
5/14/01	John Harris Connell	\$500.00	
	Contributor address; City; State; Zip Code	\$	
	3311 Falling Brook Dr. San Antonio, TX 78258		υ υ
Principal occi	upation (Optional)	Employer (Optonal)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$	In-kind contribution) description (if applicable)
4/27/01	Johnny Stevens	\$500.00	İ
	Contributor address; City; State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1
	8120 Killarney Ct. Wichita, KS 67206		
Principal occ	upation (Optional)	Employer (Optonal)	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution
5/15/01	Rick Sheldon	contribution (\$ \$500.00	i
	Contributor address; City; State; Zip Code	\$600.00	
	4006 Green Oak Dr. Waco, TX 76710		
Principal occ	upation (Optional)	Employer (Optonal)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution
5/14/01	G. Hasslocher	contribution (\$ \$1,000.00	i
	Contributor address; City; State; Zip Code	ψ1,000.00	
	8520 Crownhill San Antonio, TX 78209		
Principal occ	upation (Optional)	Employer (Optonal)	

POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction	guide explains how to coplete this form.		Total pages Schedule A	Page 10 of 12
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
Date 5/14/01	Full name of contributor out-of-state PAC (ID#: James C. Hasslocher		Amount of contribution (\$)	In-kind contribution description (if applicable)
0,11,01	Contributor address; City; State; Zip Code 129 Haskin San Antonio, TX 78209		\$1,000 .00	7 0.1
Principal occup	pation (Optional)	Employer (Optonal)	<u> </u>
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/11/01	GSABA SABPAC Contributor address; City; State; Zip Code 8925 IH 10 West San Antonio, TX 78229		\$1,000.00	5
Principal occu	pation (Optional)	Employer (Optonal)	
Date 5/11/01	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optonal))	
Date 5/15/01	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	1)	
Date 5/14/01	Full name of contributor out-of-state PAC (ID#: Kenneth Brown Contributor address; City; State; Zip Code 1249 Wiltshire San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optona	1)	•

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

The instruction	guide explains how to copiete this form.		Total pages Schedule A1	Page 11 of 12
				raye 11 01 12
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
5/14/01	John Rogers		\$250.00	F-3
	Contributor address; City; State; Zip Code		<u></u>	(2.2) (2.2) (2.2)
	2 Enchanted Wood San Antonio, TX 78248		1	V
Principal occup	pation (Optional)	Employer (Optor	nal)	acces-40
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
5/14/01	Gene Powell		contribution (\$)	description (if appli cabl e)
	Contributor address; City; State; Zip Code		\$500.00	ت ۔
	11 Lynn Batts Lane #100 San Antonio, TX 78218			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
5/14/01	Wallace Rogers, III		\$500.00	description (ii applicable)
	Contributor address; City; State; Zip Code		φ300.00	
	305 Geneseo Road San Antonio, TX 78209			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
5/8/01	Charles Midkiff		contribution (\$) \$250.00	description (if applicable)
	Contributor address; City; State; Zip Code		\$250.00	
	21321 Babcock #7 San Antonio, TX 78255			
Principal occu	pation (Optional)	Employer (Opto	nal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution description (if applicable)
6/1/01	Tulios Wells		contribution (\$) \$1,305.92	Food/Bev-Reception
	Contributor address; City; State; Zip Code		ψ1,000.02	
	800 One Alamo Center San Antonio, TX 78205			
Principal occu	pation (Optional)	Employer (Opto	nal)	

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to coplete this form. Total pages Schedule A1: Page 12 of 12 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert out-of-state PAC (ID#: In-kind contribution Date Full name of contributor Amount of contribution (\$) description (if applicable) 5/5/01 Ron Hagauer Food/Bev-Election \$614.57 Party — Contributor address; City; State: Zip Code 745 E. Mulberry, #850 San Antonio, TX 78212 Employer (Optonal) Principal occupation (Optional) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; State: Zip Code Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) Contributor address; Zip Code Principal occupation (Optional) Employer (Optonal) out-of-state PAC (iD#: In-kind contribution Amount of Date Full name of contributor description (if applicable) contribution (\$) Contributor address; State; Zip Code Employer (Optonal) Principal occupation (Optional) In-kind contribution description (if applicable) out-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) Contributor address; State; Zip Code Employer (Optonal) Principal occupation (Optional) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

	ITICAL EXPENDITURES		SCHEDULE F
The Instruction	on guide explains how to coplete this form.	Total	pages Schedule F: Page 2 of 10
FILER NAM	ME		
	Carroll W. Schubert	ACC	OUNT # (Ethics commission filers)
Date	Payee name		Amount (\$)
4/30/01	Allison Greer		\$750.00
	Payee address; City; State; Zip Cod)	203
	1723 Typhoon San Antonio, TX 78248		Comp. 1
urpose of payment	(See instructions regarding type of information	**Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
	Consulting Fee		TO (
Date	Payee name		Amount
5/1/01	Prime Time Newspapers		(\$)
	Payee address; City, State; Zip Cod	<u> </u>	\$318.53
	17400 Judson Road San Antonio, TX 78		
	,		
urpose of payment equired.)	(See instructions regarding type of information	**Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
	(See instructions regarding type of information Advertising		
			Office sought Office held
equired.)	Advertising		Office sought Office held Amount (\$)
Pequired.) Date	Advertising Payee name	Candidate / Öfficeholder name	Office sought Office held
equired.) Date	Advertising Payee name The Collection at Broadway	Candidate / Öfficeholder name	Office sought Office held Amount (\$)
Date 5/1/01	Advertising Payee name The Collection at Broadway Payee address; City; State; Zip Coo	Candidate / Öfficeholder name	Amount (\$) \$900.00
Date 5/1/01	Payee name The Collection at Broadway Payee address; City; State; Zip Cod 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information	Candidate / Öfficeholder name e 78209 **Complete if direct expenditure	Amount (\$) \$900.00
Date 5/1/01	Payee name The Collection at Broadway Payee address; City; State; Zip Cod 7959 Broadway #201 San Antonio, TX	Candidate / Öfficeholder name e 78209 **Complete if direct expenditure	Amount (\$) \$900.00
Date 5/1/01 urpose of payment	Payee name The Collection at Broadway Payee address; City; State; Zip Cod 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information	Candidate / Öfficeholder name e 78209 **Complete if direct expenditure	Amount (\$) \$900.00 to benefit C/OH ** Office sought Amount
Date 5/1/01 urpose of payment squired.)	Payee name The Collection at Broadway Payee address; City; State; Zip Coc 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information May rent	Candidate / Öfficeholder name e 78209 **Complete if direct expenditure	Amount (\$) to benefit C/OH ** Office sought Amount (\$) Amount (\$)
Date 5/1/01 urpose of payment aquired.)	Payee name The Collection at Broadway Payee address; City; State; Zip Cod 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information May rent Payee name	Candidate / Öfficeholder name 8209 **Complete if direct expenditure Candidate / Officeholder name	Amount (\$) \$900.00 to benefit C/OH ** Office sought Amount
Date 5/1/01 Purpose of payment aquired.)	Payee name The Collection at Broadway Payee address; City; State; Zip Coo 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information May rent Payee name City Public Service	Candidate / Öfficeholder name 8209 **Complete if direct expenditure Candidate / Officeholder name	Amount (\$) to benefit C/OH ** Office sought Amount (\$) Amount (\$)
Date 5/1/01 Turpose of payment equired.) Date 2/2/2005	Advertising Payee name The Collection at Broadway Payee address; City; State; Zip Coc 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information May rent Payee name City Public Service Payee address; City; State; Zip Coc	candidate / Öfficeholder name **Complete if direct expenditure Candidate / Officeholder name e **Complete if direct expenditure	Amount (\$) \$900.00 to benefit C/OH ** Office sought Amount (\$) \$108.98
Date 5/1/01 urpose of payment equired.) Date	Payee name The Collection at Broadway Payee address; City; State; Zip Cod 7959 Broadway #201 San Antonio, TX (See instructions regarding type of information May rent Payee name City Public Service Payee address; City; State; Zip Cod P.O. Box 2678 San Antonio, TX 78289	candidate / Öfficeholder name 8209 **Complete if direct expenditure Candidate / Officeholder name	Amount (\$) \$900.00 to benefit C/OH ** Office sought Amount (\$) \$108.98

POLI	TICAL EXPENDITURES		SCHEDULE F
The Instructio	n guide explains how to coplete this form.	Total pages Schedule F:	Page 3 of 10
FILER NAM	E	ACCOUNT # (Ethics com	mission filers)
	Carroll W. Schubert		
Date	Payee name		Amount (\$)
5/1/01	Southwestern Bell Telephone		\$167;32
	Payee address; City; State; Zip Cod P.O. Box 4845 Houston, TX 77907	e	
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
	Monthly telephone service		- ×: ×: ×:
Date	Payee name		Amount (\$)
5/1/01	CSC, Inc.		\$83.19
	Payee address; City; State; Zip Coo 3447 Northeast Parkway San Antonio, TX		
Purpose of payment (See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
required.)	Copier Rental		
Date	Payee name		Amount (\$)
5/1/01	Allison Greer		\$134.00
	Payee address; City; State; Zip Coo	de	
	1723 Typhoon San Antonio, TX 78248		
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
	Reimbursement for postage		
Date	Payee name		Amount (\$)
5/2/01	E-Z Drive Stakes		\$81.45
	Payee address; City; State; Zip Coo	de	
	906 Ruiz St. San Antonio, TX 78207		
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ought Office held
	Stakes		
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS NEEDED	

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction guide explains how to coplete this form. Page 4 of 10 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee name Amount (\$) 5/3/01 Kinko's \$69.04 Zip Code Payee address; City; State: 13420 San Pedro San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Office sought Office held Candidate / Officeholder name Pushcards for polling locations Amount Date Payee name 5/2/01 **Election Support Services** \$3,046.22 Payee address: City; State: Zip Code 4958 Military Dr. W. Sam Antonio, TX 78247 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Candidate / Officeholder name Office sought Office held required.) Direct Mail/Phone lists Amount Date Payee name 5/3/01 MLC Marketing \$3,000.00 Zip Code City; State: Payee address; 255 Claywell San Antonio, TX 78209 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office held Office sought required.) Direct Mail #2 Amount Date Payee name 5/4/01 Earn Net/ John Carrullo \$1,875.00 State; Zip Code Payee address; City; 1000 Jackson Keiler #2603 San Antonio, TX 78213 Purpose of payment (See instructions regarding type of information required.) **Complete if direct expenditure to benefit C/OH ** Office held Candidate / Officeholder name Office sought Phone banks ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POL	ITICAL EXPENDITURES		SCI	HEDULE F
The Instruction	on guide explains how to coplete this form.		Total pages Schedule F:	Page 5 of 10
FILER NAM			ACCOUNT # (Ethics commissio	n filers)
	Carroll W. Schubert			
Date	Payee name			Amount (\$)
5/4/01	Carroll Schubert			\$500.00
	Payee address; City; State; Zip Code 7600 Broadway #F-4 San Antonio, TX 78			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct Candidate / Officeholder i	t expenditure to benefit C/OH ** name Office sought	Office held
	Reimb/exp. from pers. Funds			
Date	Payee name			Amount
5/7/01	Allison Greer			(\$)
5,,,,,,				\$89.18
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	5		J 5
	1723 Typhoon San Antonio, 17. 70240			日 日
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
,	Reimb./Postage,supplies			ж 5
Date	Payee name			Amount (\$)
5/7/01	MLC Marketing			\$2,539.62
	Payee address; City; State; Zip Code	e		,_,
	255 Claywell San Antonio, TX 78209			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct Candidate / Officeholder	at expenditure to benefit C/OH ** name Office sought	Office held
	Direct Mail			
Date	Payee name			Amount (\$)
5/7/01	Neighborhood News			\$525.00
	Payee address; City; State; Zip Cod	le		
	3740 Colony Dr. #120 San Antonio, TX	78228		
Purpose of payment required.)	t (See instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
	Advertising			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	AS NEEDED	

POLI	ITICAL EXPENDITURES		SCH	EDULE F
The Instructio	n guide explains how to coplete this form.		Total pages Schedule F:	age 6 of 10
FILER NAM	1E		ACCOUNT # (Ethics commission	îlers)
	Carroll W. Schubert			720
Date	Payee name			Amount (\$)
5/10/01	Alamo City Republican Women			\$120. 00
	Payee address; City; State; Zip Cod 730 Best Way San Antonio, TX 78258	e		7
urpose of payment (See instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	(1) Office held
, ,	Tickets to fundraiser			
Date	Payee name			Amount (\$)
5/17/01	Cingular Wireless Services			\$118.45
	Payee address; City; State; Zip Coo	de		
	P.O. Box 4460 Houston, TX 77097			
urpose of payment quired.)	(See instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sought	Office held
, ,	Monthly wireless service			
Date	Payee name			Amount (\$)
5/15/01	Carroll Schubert			\$524.01
	Payee address; City; State; Zip Coo	de		
	7600 Broadway #F-4 San Antonio, TX 7	8209		
urpose of payment equired.)	(See instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Reimb./exp. from pers. Funds			
Date	Payee name			Amount (\$)
5/16/01	Allison Greer			\$750.00
	Payee address; City; State; Zip Co	de		
	1723 Typhoon San Antonio, TX 78248			
urpose of payment equired.)	(See instructions regarding type of information	**Complete if direct	ot expenditure to benefit C/OH ** name Office sought	Office held
	Consulting Fee			
	ATTACH ADDITIONAL CO	OPIES OF THIS FORM A	AS NEEDED	

POLI	TICAL EXPENDITURES		SCI	HEDULE F
The Instruction	n guide explains how to coplete this form.		Total pages Schedule F:	Page 7 of 10
FILER NAM			ACCOUNT # (Ethics commissio	n filers)
	Carroll W. Schubert			
Date 5/21/01	Payee name Allison Greer			Amount (\$) \$211.44
	Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248	1		- 31
Purpose of payment (required.)	See instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office helds
	Reimbursement/cell phone,copies			 55 88
Date	Payee name			Amount (\$)
5/25/01	Office Depot			\$56.06
	Payee address: City; State; Zip Code 13484 San Pedro San Antonio, TX 78212			
	See instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
required.)	Office Supplies	Califidate / Officerolder	Tallic Gride Googni	
Date	Payee name			Amount (\$)
5/28/01	Southwestern Bell			\$168.86
	Payee address; City; State; Zip Code	е		
	P.O. Box 4845 Houston, TX 77097			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
	Monthly Service			
Date	Payee name			Amount (\$)
5/28/01	Andrea Lopez			\$59.50
	Payee address; City; State; Zip Cod	e		
	8118 Morningwood San Antonio, TX 782	239		
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direc Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
	Blockwalking			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM	AS NEEDED	

Austin, Texas 78711-2070

POL	ITICAL EXPENDITURES		SCH	EDULE F
The Instruction	on guide explains how to coplete this form.		Total pages Schedule F:	age 8 of 10
FILER NAM	<i>I</i> E		ACCOUNT # (Ethics commission	filers)
	Carroll W. Schubert			
Date	Payee name			Amount (\$)
5/28/01	Andrea Edwards			\$59.50
	Payee address; City; State; Zip Code 6323 Mallard Pt. San Antonio, TX 78239			o D U
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sought	Office held
	Blockwalking			03
Date	Payee name			Amount (\$)
5/28/01	Rose Langford			\$41.98
	Payee address; City; State; Zip Code 6323 Mallard Pt. San Antonio, TX 78239			
	(See instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
required.)	Reimb./ food for volunteers	Candidate / Officeriolder	name Cinco Sough	Onice note
Date	Payee name			Amount (\$)
5/1/01	Allison Greer			\$750.00
	Payee address; City; State; Zip Cod	le		
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Consulting Fee			
Date	Payee name			Amount (\$)
6/1/01	The Collection at Broadway			\$450.00
	Payee address; City; State; Zip Cod			
	7959 Broadway #201 San Antonio, TX 7	78209		
Purpose of payment required.)	(See instructions regarding type of information	**Complete if direction Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office sought	Office held
	June rent			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	AS NEEDED	

Austin, Texas 78711-2070

ee address; City; State; Zip Code D, Box 2678 San Antonio, TX 78289 ctions regarding type of information nthly utility service ee name SC, Inc.	**Complete if direc Candidate / Officeholder	ACCOUNT # (Ethics commission	Amount (\$) \$119.61 Amount (\$) Amount (\$) \$184.29
pee name by Public Service ee address; City; State; Zip Code code address; City; State; Zip Code code address; City; State; Zip Code code address; City; State; Zip Code days and Antonio, TX	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH **	Amount (\$) \$119.61 Office held Amount (\$)
pee name by Public Service ee address; City; State; Zip Code code address; City; State; Zip Code code address; City; State; Zip Code code address; City; State; Zip Code days and Antonio, TX	**Complete if direc Candidate / Officeholder		(\$) \$119.61 Office held Amount (\$)
ty Public Service tee address; City; State; Zip Code O, Box 2678 San Antonio, TX 78289 ctions regarding type of information Inthly utility service ee name SC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	**Complete if direc Candidate / Officeholder		(\$) \$119.61 Office held Amount (\$)
tions regarding type of information onthly utility service ee name SC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	**Complete if direc Candidate / Officeholder		Office held
ee address; City; State; Zip Code D, Box 2678 San Antonio, TX 78289 ctions regarding type of information nthly utility service ee name SC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	**Complete if direc Candidate / Officeholder		Office held
ee name SC, Inc. ee address; City; State; Zip Code	Candidate / Öfficeholder e 78212		Office held
nthly utility service ee name SC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	Candidate / Öfficeholder e 78212		Amount (\$)
ee name SC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	e 78212 **Complete if direc		Amount CC (\$)
GC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	e 78212 **Complete if direc		Amount CC (\$)
GC, Inc. ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	e 78212 **Complete if direc		Amount (\$)
ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	e 78212 **Complete if direc		
ee address; City; State; Zip Code 47 Northeast Parkway San Antonio, TX	e 78212 **Complete if direc		40.
	**Complete if direc		
ctions regarding type of information	**Complete if direct		
ctions regarding type of information	Complete il direc	t expenditure to benefit C/OH **	
	Candidate / Officeholder	name Office sought	Office held
nthly copier rental			
ee name			Amount (\$)
se Langford			\$500.00
ee address; City; State; Zip Code	e		
23 Mallard Pt. San Antonio, TX 78239			
ctions regarding type of information			Office hel
ntract labor			
ee name			Amount (\$)
LC Marketing			\$117.24
ree address; City; State; Zip Code	e		
5 Claywell San Antonio, TX 78209			
ctions regarding type of information			Office hel
ception Invitations			
	ntract labor ee name LC Marketing ee address; City; State; Zip Cod 5 Claywell San Antonio, TX 78209 ctions regarding type of information	ctions regarding type of information **Complete if direct Candidate / Officeholder ntract labor ee name LC Marketing ee address; City; State; Zip Code 5 Claywell San Antonio, TX 78209 ctions regarding type of information **Complete if direct Candidate / Officeholder	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought ee name LC Marketing ee address; City; State; Zip Code 5 Claywell San Antonio, TX 78209 ctions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought

P.O. Box 12070

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction guide explains how to coplete this form. Page 10 of 10 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Amount Date Payee name 6/14/01 Cingular Wireless \$117.33 Zip Code Pavee address; City; State: 17330 Preston Rd. Dallas, TX 75252 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Office held Candidate / Officeholder name Office sought Mobile phone service Amount ↑ (\$) ◯ ¯ Date Payee name Allison Greer 6/15/01 \$750;00 Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248 ഗ **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office sought Office held required.) Consulting Fee Date Payee name 6/30/01 Allison Greer \$750.00 Payee address; State: Zip Code City; 1723 Typhoon San Antonio, TX 78248 **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office sought Office held required.) Consulting Fee Amount Date Payee name Zip Code City; State; Payee address; **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office s Purpose of payment (See instructions regarding type of information Office held required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

CANDIDAT CAMPAIG	TE/OFFICEHOLDER	- UTTOLLY VIIIO	COVER SHEET PG 1
	01	A COLUMN TO SERVICE OF THE PARTY OF THE PART	2 Total pages filed:
The C/OH INSTRUCTIO	N GUIDE explains how to complete	1 ACCOUNT# 9: 1.1 (Ethics Commission filers)	Z Total pages med.
this form.			25
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST	MI	OFFICE USE ONLY
NAME	Mr. Carroll	SUPTIX	Date Received
	Schubert		
4 CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS /PO BOX; APT / SUITE #: 7600 Broadway F4 San A	ntonio, TX 78209	Date Hand-delivered or Date Postmarked
Change of Address			4
⁵ CAMPAIGN TREASURER	TITLE FIRST	MI	T.
NAME	Mrs. Allison	L	Receipt # Amount
	NICKNAME LAST	SUFFIX	Date Processed
	Greer		Date imaged
6 CAMPAIGN TREASURER ADDRESS (Residence or business	street address (no po box please): APT / SL 1723 Typhoon	San Antonio,	TX 78248
7 CAMPAIGN TREASURER PHONE	(210) 493-3430	EXTENSION	
8 REPORT TYPE	January 15 30th day before election	ion Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election		Final report (Attach C/OH - FR)
9 PERIOD COVERED	Month Day Year THR	OUGH 04/25	
10 ELECTION	Month Day Year ELECTION TO Prima	r-1 . 1	General Special
11 OFFICE	OFFICE HELD (if any) None	12 OFFICE SOUGHT (if kn	own) il District 9
13 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expendidates are required to disclose this information.	penditures made by others without the c	andidate's prior consent or approval.
EXPENDITURE BY OTHER INDIVIDUALS	Name **MA** Address / PO Box; Apt. / Suite #; City; State;	Zip Code	
additional pages	Additional Conference of the C	,	
	GO TO	PAGE 2	

Texas Ethics Commission CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

(512)463-5800

SUPPORT	& TOTAL	S 01 AFR 30 44 9 44	COVER	SHEET PG Z
4 C/OH NAME		9:44	15 ACCOUNT	#(Ethics Commission filers)
Mr		N. Schubert		
NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	tice of political expenditures by political committees to support the candidate without the candidate's or officeholder's knowledge or consent. Candidate of they receive notice of such expenditures.	ate / officeholder es and officehold	r. These expenditures lers are required to report
	COMMITTEE TYPE	N/A		
	GENERAL SPECIFIC	COMMITTEE ADDRESS		
_		COMMITTEE CAMPAIGN TREASURER NAME		
additional pages		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 NO REPORTABLE ACTIVITY	Check here if	Ino reportable activity occurred during this reporting period. (Sign affidavit beli	ow and submit pag	es 1 and 2 only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$	289.00
	2. TOTAL	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	19,912.43
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$	00
	4. TOTAL	. POLITICAL EXPENDITURES	\$	38,708.08
OUTSTANDING LOAN TOTALS	5. TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	\$	00
19 AFFIDAVIT		I swear, or affirm, under penalty of p is true and correct and includes all in me under Title 15, Election Code.	perjury, that the	e accompanying report uired to be reported by
My con	HERINE COLLINS VR NOTARY PUBLIC STATE OF TEXAS Imission Expires Feb. 3, 20	Signature of Cand	Multiplicate or Office	(1) holder
	ribed before me, by	the said CARROLL W. SCHUBERT ertify which, witness my hand and seal of office.	_, this the	277H day
Catherine (the of officer	dministering oath
Signature of officer	administering oath	Printed name of officer administering oath Ti	ine or ourcet, so	arm natering date

The Instruction	guide explains how to copiete this form.	01 APR 30 A	pages Schedule A1	
				Page 1 of 15
FILER NAME	Carroll W. Schubert	ACC	COUNT # (Ethics co	mmission filers)
Date 4/10/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Optonal)		
Date 4/18/01	Full name of contributor out-of-state PAC (ID#: Marian Olson, Jr. Contributor address; City; State; Zip Code 1020 NE Loop 410 Suite 800 San Antonio, TX 782		Amount of contribution (\$) \$100.00	in-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optonal)		
Date 4/18/01	Full name of contributor		Amount of contribution (\$) \$100.00	in-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Optonal)		
Date 4/11/01	Full name of contributor out-of-state PAC (ID#: Multicandidate Committee USAA Group PAC Contributor address; City; State; Zip Code USAA Building F-3-E San Antonio, TX 78288		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optonal)		
Date 4/20/01	Full name of contributor out-of-state PAC (ID#: Donze Lopez Contributor address; City; State; Zip Code 130 Funston San Antonio, TX 78209		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Optonal)		

	CAL CONTRIBUTIONS 01 PER THAN PLEDGES OR LOANS	31	<i>10</i>	SCHEDULE A
UINE	R THAN PLEDGES OR LOANS	44		
The Instruction	guide explains how to coplete this form.	T1	otal pages Schedule A1	Page 3 of 15
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	mmission filers)
Date 4/15/01	Full name of contributor out-of-state PAC (ID#: Tom Nolen Contributor address; City, State; Zip Code 11815 Vance Jackson #3101 San Antonio, TX 7823		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable
Principal occi	pation (Optional)	Employer (Optonal)		The second secon
Date 4/13/01	Full name of contributor		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable
Principal occi	upation (Optional)	Employer (Optonal)		A. V
Date 4/17/01	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occi	upation (Optional)	Employer (Optonal)		
Date 4/17/01	Full name of contributor out-of-state PAC (ID#: Alex Hamilton Contributor address; City, State; Zip Code 1449 Blue Crest San Antonio, TX 78232		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable
Principal occi	upation (Optional)	Employer (Optonal)		
Date 4/17/01	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occ	upetion (Optional)	Employer (Optonal)	· · · · · · · · · · · · · · · · · · ·	·

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Austin, Texas 78711-2070

The Instruction (guide explains how to copiete this form.		Total pages Schedule A	
<u> </u>				Page 5 of 15
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	emmission filers)
Date 3/27/01	Full name of contributor out-of-state PAC (ID#: Rodriguez, Ketterman & Lopez Contributor address; City; State; Zip Code 111 Soledad #1300 San Antonio, TX 78205		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optona	l)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City, State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	pation (Optional)	Employer (Optona	l)	
Date 3/29/01	Full name of contributor out-of-state PAC (ID#: Ball & Weed, P.C. Contributor address; City, State; Zip Code 745 E. Mulberry #500 San Antonio, TX 78205		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optone	ıl)	
Date 3/27/01	Full name of contributor out-of-state PAC (ID#: John Ed Milfer Contributor address; City, State; Zip Code 6109 Foxdand Dr. Brentwood, TN 37027		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optona	ıl)	
Date 3/27/01	Full name of contributor out-of-state PAC (ID#: Edward Benninger Contributor address; City; State; Zip Code 21 Devon Wood San Antonio, TX 78257		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optone	ni)	

The Instruction guide explains how to copiete this form.			30 Total pages Schedule A1:	
				Page 6 of 15
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics commission filers)	
Date 3/29/01	Full name of contributor out-of-state PAC (ID#: William Salomon Contributor address; City, State; Zip Code 2 Inwood Knoll San Antonio, TX 78248		Amount of contribution (\$) \$300.00	in-kind contribution description (if applicable)
Principal occup	nation (Optional)	Employer (Optons	al)	
Date 3/30/01	Full name of contributor out-of-state PAC (ID#: Metropolitan Contracting Company, Ltd. Contributor address; City, State; Zip Code 990 Isom Road San Antonio, TX 78216		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optoni	al)	
Date 4/11/01	Full name of contributor out-of-state PAC (ID#: Bernard Lifshutz Contributor address; City, State; Zip Code 215 W. Travis St. San Antonio, TX 78205		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optoni	al)	·
Date 3/29/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occupation (Optional)		Employer (Optonal)		
Date 4/11/01	Full name of contributor out-of-state PAC (ID#: Diran Yegparian Contributor address; City, State; Zip Code 25010 Flying Arrow San Antonio, TX 78258		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occupation (Optional)		Employer (Opton	el)	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOANS		SCHEDULE A	
	guide explains how to copiete this form.	Total pages Schedule	A1:	
			Page 7 of 15	
FILER NAME Carroll W. Schubert		ACCOUNT # (Ethics	ACCOUNT # (Ethics commission filers)	
Date	Full name of contributor out-of-state PAC (ID#:		In-kind contribution	
4/9/01	Douglas Harlan	contribution (\$) \$50.00	description (if applicable)	
	Contributor address; City, State; Zip Code	400.00		
	298049 Smithson Valley Rd. San Antonio, TX 78	261		
Principal occ	upation (Optional)	Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution	
3/28/01	Joe Westheimer, Jr.	contribution (\$)	description (if applicable)	
	Contributor address; City, State; Zip Code	\$50.00		
	2 Chatsworth San Antont TX 78209			
		Employer (Optonal)	(Optonal)	
Date	Full name of contributor out-of-state PAC (ID#:	Amount of	In-kind contribution	
4/12/01	Thomas Tomko	contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code	\$150.00		
	1810 Far Niente San Antonio, TX 78258			
Principal occ	upation (Optional)	Employer (Optonal)	1	
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution	
4/3/01	Santos Fraga, Jr.	contribution (\$)	description (if applicable)	
	Contributor address; City, State; Zip Code	\$100.00	1	
	7011 Holly Mountain San Antonio, TX 78250			
Principal occupation (Optional)		Employer (Optonal)		
Date	Full name of contributor out-of-state PAC (ID#:) Amount of	In-kind contribution	
4/4/01	Edward Purvis	contribution (\$)	description (if applicable)	
	Contributor address; City, State; Zip Code	\$100.00		
	946 Great Tree San Antonio, TX 78258		1	
Principal occ	upation (Optional)	Employer (Optonal)	1	

Austin, Texas 78711-2070

OTHER THAN PLEDGES OR LOANS The Instruction guide explains how to copiete this form.		Total pages Schedule A	l:
			Page 8 of 15
FILER NAME Carroll W. Schubert		ACCOUNT# (Ethics commission filers)	
Date 4/12/01	Full name of contributor	Amount of contribution (\$) \$70.00	in-kind contribution description (if applicable
Principal occu	upetion (Optional)	Employer (Optonal)	, , , , , , , , , , , , , , , , , , , ,
Date 3/28/01	Full name of contributor out-of-state PAC (ID#: Barclay Anthony Contributor address; City; State; Zip Code 131 Palo Duro San Antonio, TX 78232	Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable
Principal occi	upetion (Optional)	Employer (Optonal)	
Date 3/29/01	Full name of contributor out-of-state PAC (ID#: Laurie Leach Contributor address; City, State; Zip Code 1130 Santa Clara Loop Marion, TX 78124	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occi	upation (Optional)	Employer (Optonal)	
Date 4/3/01	Full name of contributor	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable
Principal occupation (Optional)		Employer (Optonal)	
Date 4/2/01	Full name of contributor	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occi	upation (Optional)	Employer (Optonal)	

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS OF APR 30 AM Total pages Schedule A1: The Instruction guide explains how to copiete this form. Page 9 of 15 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert out-of-state PAC (ID#: Amount of In-kind contribution Date Full name of contributor contribution (\$) description (if applicable) 4/9/01 Christy Prescott \$500.00 Contributor address: Zip Code City; 1942 Far Niente San Antonio, TX 78258 Principal occupation (Optional) Employer (Optonal) out-of-state PAC (ID#: In-kind contribution Date Full name of contributor Amount of contribution (\$) description (if applicable) 4/9/01 Charles Gottsman \$250.00 Contributor address; Zip Code 4202 Dividend San Antonio, TX 78219 Principal occupation (Optional) Employer (Optonal) Amount of contribution (\$) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution description (if applicable) 4/9/01 **Gary Joeris** \$250.00 Contributor address: City: Zip Code 1710 Hadbury Lane San Antonio, TX 78248 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) In-kind contribution description (if applicable) 4/9/01 Kyle Watson \$100.00 Contributor address; Zip Code 1918 Far Niente San Antonio, TX 78258 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: In-kind contribution contribution (\$) description (if applicable) 4/2/01 Philip Mayberry \$50.00 Contributor address; City; Zip Code 300 Village Dr. Waco, TX 76710 Principal occupation (Optional) Employer (Optonal) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS SCHEDULE A1 OTHER THAN PLEDGES OR LOANS ?? Total pages Schedule A1: The instruction guide explains how to copiete this form. Page 10 of 15 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert Full name of contributor out-of-state PAC (ID#: Amount of in-kind contribution Date contribution (\$) description (if applicable) 3/29/01 Dan Naranjo \$100.00 Contributor address: Zip Code P.O. Box 781828 San Antonio, TX 78278 Employer (Optonal) Principal occupation (Optional) out-of-state PAC (ID# Date Full name of contributor Amount of In-kind contribution contribution (\$) description (if applicable) 3/30/01 John Herrmann \$100.00 Contributor address; Zip Code 1907 Cactus Bluff San Antonio, TX 78258 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 4/2/01 Jimmy Parks \$200.00 Contributor address; 101 Stumberg San Antonio, TX 78204 Principal occupation (Optional) Employer (Optonal) Full name of contributor out-of-state PAC (ID#:_ Amount of in-kind contribution contribution (\$) description (if applicable) 4/17/01 Expense Acct Schaefer \$500.00 Contributor address: City: Zip Code 8620 N. New Braunfels #400 San Antonio, TX 78217 Principal occupation (Optional) Employer (Optonal) Full name of contributor out-of-state PAC (ID#: In-kind contribution contribution (\$) description (if applicable) 4/4/01 Randy Rodgers \$50.00 Contributor address: City, State: Zip Code 8106 Princess Court San Antonio, TX 78209 Principal occupation (Optional) Employer (Optonal) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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				Page 11 of 15
FILER NAME	Carroll W. Schubert		ACCOUNT # (Ethics co	mmission filers)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable
4/4/01	Larry Crutsinger		\$100.00	
	Contributor address; City, State; Zip Code		1	
	8414 Crooked path San Antonio, TX 78250			
Principal occup	pation (Optional)	Employer (Opton	ai)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
3/28/01	Thomas McRae		\$100.00	description (ii applicable
	Contributor address; City, State; Zip Code		Ψ100.00	
	437 Ridgemont San Antonio, TX 78209			
Principal occup	pation (Optional)	Employer (Opton	ai)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
4/2/01	Hugh Halff, Jr.		contribution (\$)	description (if applicable
	Contributor address; City, State; Zip Code		\$1,000.00	
	745 E. Mulbern##400 San Antonio, TX 78212			
Principal occup	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of	In-kind contribution
4/2/01	Marcus Rogers		contribution (\$)	description (if applicable
	Contributor address; City, State; Zip Code		\$250.00	
	745 E. Mulberry #850 San Antonio, TX 78212			
Principal occu	pation (Optional)	Employer (Opton	al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
4/1/01	Valero Political Action Committee		contribution (\$)	description (if applicable
	Contributor address; City, State; Zip Code		\$1,000.00	
	P.O. Box 500-MS-3G San Antonio, TX 78292			
Principal occu	pation (Optional)	Employer (Opton	al)	'

Texas Ethics Commission

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FILER NAME	Carroll W. Schubert	ACCOUNT # (Ethics	commission filers)
Date 3/28/01	Full name of contributor	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occup	pation (Optional)	Employer (Optonal)	
Date 4/2/01	Full name of contributor out-of-state PAC (ID#: Stan Sigman Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occup	13819 Bluff Lane San Antonio, TX 78216 pation (Optional)	Employer (Optonal)	}
Date 3/27/01	Full name of contributor out-of-state PAC (ID#: Bury & Pittman Ventures Contributor address; City; State; Zip Code 7330 San Pedro #130 San Antonio, TX 78216	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optonal)	
Date 4/2/01	Full name of contributor out-of-state PAC (ID#: Bob Coleman Contributor address; City, State; Zip Code P.O. Box 7429 San Antonio, TX 78207	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optonal)	
Date 4/1/01	Full name of contributor out-of-state PAC (ID#: Stephen Hixon Contributor address; City; State; Zip Code 114 Rio Bravo San Antonio, TX 78232	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occu	pation (Optional)	Employer (Optonal)	A STATE OF THE STA

Texas Ethics Commission

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FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	
Date 3/31/01	Full name of contributor out-of-state PAC (ID#: Heard & Smith, L.L.P. Contributor address; City; State; Zip Code 3737 Broadway #310 San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optona	th)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Date 4/4/01	Full name of contributor out-of-state PAC (ID#: Mike Langford Contributor address; City; State; Zip Code 6323 Mallard Point San Antonio, TX 78239		Amount of contribution (\$) \$812.50	In-kind contribution description (if applicable) Computer Consultin
Principal occu	upation (Optional)	Employer (Optona	al)	
Date 4/24/01	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optons	al)	
Date 4/19/01	Full name of contributor out-of-state PAC (fD#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	upation (Optional)	Employer (Optone	al)	
Date 4/2 1/01	Full name of contributor out-of-state PAC (ID#: Joe Pope Contributor address; City, State; Zip Code 258 Brightwood San Antonio, TX 78209)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Optoni	al)	

(512) 463-5800 1-800-325-8506 P.O. Box 12070 Austin, Texas 78711-2070 **Texas Ethics Commission POLITICAL CONTRIBUTIONS** SCHEDULE A1 OTHER THAN PLEDGES OR LOANS 9:45 Total pages Schedule A1: The instruction guide explains how to coplete this form. Page 14 of 15 ACCOUNT # (Ethics commission filers) FILER NAME Carroll W. Schubert In-kind contribution out-of-state PAC (ID#: Date Full name of contributor Amount of contribution (\$) description (if applicable) 4/25/01 James Allen \$250.00 Contributor address; Zip Code City: 1262 Phantom Valley San Antonio, TX 78232 Principal occupation (Optional) Employer (Optonal) In-kind contribution out-of-state PAC (ID#: Amount of Date Full name of contributor contribution (\$) description (if applicable) 4/9/01 Louis Rowe \$1,209.88 Food/Bev/Postage/ Invitations Zip Code Contributor address; 15551 Dawn Crest San Antonio, TX 78248 Principal occupation (Optional) Employer (Optonal) In-kind contribution description (if applicable) out-of-state PAC (ID#: Amount of Date Full name of contributor contribution (\$) 4/17/01 **Jack Rogers** Food & Bev for \$304.91 Fundraiser Contributor address: Zip Code 2 Enchanted Wood San Antonio, TX 78248 Principal occupation (Optional) Employer (Optonal) Date Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description (if applicable) contribution (\$) 3/31/01 Mary Ann & Craig Veltri Food & Bev for \$337.56 Fundraiser Contributor address; City; State; Zip Code 14002 Sage Bluff San Antonio, TX 78216 Employer (Optonal) Principal occupation (Optional) Full name of contributor out-of-state PAC (ID#: Amount of In-kind contribution description (if applicable) contribution (\$) 4/1/01 John Ehlers \$79.59 Food & Bev for Coffee Contributor address; City, State; Zip Code 1403 Greystone Ridge San Antonio, TX 78248 Principal occupation (Optional) Employer (Optonal)

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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

P.O. Box 12070

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FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics co	emmission filers)
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/01	Andrea Eastland		\$156.91	Food & Bev for Coffe
	Contributor address; City, State; Zip Code		•	
	14914 Ben Ali San Antonio, TX 78248			
Principal occu	upetion (Optional)	Employer (Opto	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/22/01	Sarah & Ed Kliewer		\$102.08	Food & Bev for Coff
	Contributor address; City; State; Zip Code		*	
	14126 Bluff Manor San Antonio, TX 78216			1
Principal occu	upation (Optional)	Employer (Opto	onal)	4.44.41.41.41.41.41.41.41.41.41.41.41.41
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
				İ
	Contributor address; City; State; Zip Code			
	,			
Principal occu	upation (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
	Contributor address; City, State; Zip Code			
	,			
Principal occi	upetion (Optional)	Employer (Opt	onal)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable
			.,	
	Contributor address; City; State; Zip Code			
	•			
Principal occi	upation (Optional)	Employer (Opt	onal)	

POLIT	ICAL EXPENDITURES	A CARRELL	U Visino sc	HEDULE F
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FILER NAME			ACCOUNT# (Ethics commiss	ion filers)
	Carroll W. Schubert		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·-····································
Date	Payee name			Amount (\$)
3/27/01	Eller Media			\$3,360.00
	Payee address; City; State; Zip Cod 3714 N. Pan Am Expressway San Antonio,			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	Office held
roquirea.)	Production on billboards			
Date	Payee name			Amount (\$)
3/27/01	Election Support Services			\$89.62
	Payee address; City; State; Zip Cod	e		·
	4958 Military Dr. W. San Antonio, TX 782	42		
	e instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH **	Office held
required.)	Walk Lists	Candidate / Officeholder r	ame Office sought	Office field
Date	Payee name			Amount (\$)
3/27/01	CSC, Inc.			\$134.84
	Payee address; City; State; Zip Cod	e		
	3447 Northeast Parkway San Antonio, TX	78217		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder i	expenditure to benefit C/OH ** name Office sought	Office held
	Copier Rental			
Date	Payee name			Amount (\$)
3/28/01	Southwestern Bell Telephone			\$166.24
	Payee address; City; State; Zip Coo	le		
	P.O. Box 4845 Houston, TX 77097			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sought	Office held
	Telephone Service			
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POLIT	ICAL EXPENDITURES	Orry Miles. Trivit	I(M)	CHEDULE F
The Instruction g	uide explains how to coplete this form.	01 APR 30 AM	Total pages Schedule F:	Page 2 of 8
FILER NAME	Carroll W. Schubert		ACCOUNT# (Ethics commis	ssion filers)
Date	Payee name			Amount (\$)
4/2/01	Overstreet Studios			\$48.53
	Payee address; City; State; Zip Code 8126 Broadway San Antonio, TX 78209			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct	t expenditure to benefit C/OH ** name Office sougl	nt Office held
required.)	Photos	Gardidate / Griceriolder /	iane one seag	
Date	Payee name			Amount (\$)
4/3/01	MLC Marketing			\$1, 4 27.83
	Payee address; City; State; Zip Code			·
	255 Claywell San Antonio, TX 78209			
Purpose of payment (Se required.)	e instructions regarding type of information Invitations to Coleman Fundraiser	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sough	ht Office held
Date	Payee name			Amount (\$)
4/3/01	City Public Service			\$97.44
	Payee address; City; State; Zip Code			
	P.O. box 2678 San Antonio, TX 78289			
Purpose of payment (Se required.)	e instructions regarding type of information Monthly Service	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office soug	ht Office held
Date	Payee name			Amount (\$)
4/3/01	The Collection at Broadway			\$900.00
	Payee address; City; State; Zip Code	•		
	7959 Broadway #201 San Antonio, TX 782	09		
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office soug	ht Office held
	April Rent			
	ATTACH ADDITIONAL COR	PIES OF THIS FORM A	S NEEDED	

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F: The Instruction guide explains how to coplete this form. Page 3 of 8 FILER NAME ACCOUNT # (Ethics commission filers) **Carroll W. Schubert** Payee name Amount (\$) 4/3/01 Neighborhood News \$283.50 Payee address; City; State: Zip Code 3740 Colony Drive San Antonio, TX 78230 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information required.) Candidate / Officeholder name Office held Advertising Date Payee name **Amount** 4/3/01 U.S. Postmaster \$272.00 Zip Code Payee address; City; State; 10250 John Saunders San Antonio, TX 78246 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Office held Office sought required.) Candidate / Officeholder name Postage Date Payee name Amount 4/6/01 Kinko's \$32.79 Payee address: City: State: Zip Code 13420 San Pedro San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Office held Candidate / Officeholder name Office sought required.) Invitations to Deerfield Coffee Date Pavee name **Amount** 4/6/01 Office Depot \$29.61 Payee address; City; State; Zip Code 13484 San Pedro San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office held Office sought Office Supplies ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLIT	ILAL EXPENDITURES	TY DESCRIVED OF A STATE OF A STAT	SC	HEDULE F
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FILER NAME			ACCOUNT # (Ethics commission	on filers)
	Carroll W. Schubert			
Date	Payee name			Amount (\$)
4/6/01	U.S.Postmaster			\$34.00
	Payee address; City; State; Zip Code 10250 John Saunders San Antonio, TX 782			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder r	t expenditure to benefit C/OH ** name Office sought	Office held
	Postage			
Date	Payee name			Amount (\$)
4/9/01	Executive Signs, Inc.			\$539.38
	Payee address; City; State; Zip Code	·		
	P.O. Box 691251 San Antonio, TX 78269			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Sign Installation & stands			
Date	Payee name			Amount (\$)
4/9/01	Election Support Services			\$4,780.02
	Payee address; City; State; Zip Code)		
	4958 Military Dr. W. San Antonio, TX 7824	12		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Direct Mail #1			
Date	Payee name			Amount (\$)
4/9/01	Pat Evans			\$150.00
	Payee address; City; State; Zip Code)		
	6222 IH 10 West San Antonio, TX 78201			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direc Candidate / Officeholder	t expenditure to benefit C/OH ** name Office sought	Office held
	Production for Radio Ads			
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POLIT	ICAL EXPENDITURES	CITY (\ES)	Argo Patron	SCHEDULE F
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FILER NAME			ACCOUNT # (Ethics co	mmission filers)
	Carroll W. Schubert		Account # (Ethics co	mmission mers)
Date	Payee name			Amount (\$)
4/10/01	Election Support Services			\$ 432.85
	Payee address; City; State; Zip Code 4958 Military Dr. W. San Antonio, TX 7824			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direction Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office s	ought Office held
	Walk Lists			
Date	Payee name			Amount (\$)
4/11/01	WOAI/Clear Channel Communications			\$5,431.50
	Payee address; City; State; Zip Code)		•
	6222 IH 10 West San Antonio, TX 78201			
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder	ct expenditure to benefit C/OH ** name Office s	sought Office held
	Radio Advertising			
Date	Payee name			Amount (\$)
4/11/01	KTSA/Waterman Broadcasting			\$3,179.00
	Payee address; City; State; Zip Code	• •		
	4050 Eisenhauer Road San Antonio, TX 7	8218		
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct Candidate / Officeholder	ct expenditure to benefit C/OH *** name Office s	
	Radio Advertising			
Date	Payee name			Amount (\$)
4/11/01	KLUP/Salem Media of Texas			\$1,931.20
	Payee address; City; State; Zip Code	9		
	9601 McAllister Freeway #1200 San Antoni	o, TX 78216		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direction Candidate / Officeholder	ct expenditure to benefit C/OH *** name Office s	
	Radio Advertising			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM A	S NEEDED	

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 11 19:46 The Instruction guide explains how to coplete this form. Page 6 of 8 FILER NAME ACCOUNT # (Ethics commission filers) Carroll W. Schubert Date Payee name (\$) 4/11/01 **KSLR** \$828.75 Payee address; City; Zip Code 9601 McAllister Freeway #1200 San Antonio, TX 78216 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Office sought Office held Candidate / Officeholder name required.) Radio Advertising Payee name Date Amount 4/13/01 Allison Greer \$1,500.00 Payee address; City; State; Zip Code 1723 Typhoon San Antonio, TX 78248 Purpose of payment (See instructions regarding type of information **Complete if direct expenditure to benefit C/OH ** Office sought required.) Candidate / Officeholder name Office held Consulting Fee Date Payee name Amount (\$) 4/13/01 **MLC Marketing** \$3,145.33 Pavee address: City; State: Zip Code 255 Claywell San Antonio, TX 78209 **Complete if direct expenditure to benefit C/OH ** Purpose of payment (See instructions regarding type of information Office held Office sought required.) Candidate / Officeholder name Direct Mail #1 Printing charges Date Payee name Amount 4/17/01 Prime Time Newspapers, Inc. \$530.88 Payee address; City; State; Zip Code 17400 Judson Road San Antonio, TX 78247 **Complete if direct expenditure to benefit C/OH ** Candidate / Office holder name Office s Purpose of payment (See instructions regarding type of information required.) Office sought Office held Advertising ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLIT	TICAL EXPENDITURES	OTTY APPENDING		HEDULE F
The Instruction (guide explains how to coplete this form.	OT APR 30 AM	Total pages Schedule F:	Page 7 of 8
FILER NAME			ACCOUNT # (Ethics commissi	on filers)
	Carroll W. Schubert		ACCOUNT # (Ettiles collimiss)	on mera)
Date	Payee name			Amount (\$)
4/17/01	Election Support Services			(\$) \$5,331.02
	Payee address; City; State; Zip Coc 4958 Military Dr. W. San Antonio, TX 782			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct Candidate / Officeholder r	expenditure to benefit C/OH ** name Office sought	Office held
	Direct Mail #2			
Date	Payee name	1		Amount (\$)
4/20/01	Anne Whittington			\$1,500.00
	Payee address; City; State; Zip Cox	de		
	8715 Starcrest #3 San Antonio, TX 78217	7		
Purpose of payment (Se	ee instructions regarding type of information	**Complete if direct	expenditure to benefit C/OH ** name Office sought	Office held
	Consulting fee			
Date	Payee name			Amount (\$)
4/20/01	Cingular Wireless Service			\$199.58
	Payee address; City; State; Zip Coo	de		
	P.O. box 4460 Houston, TX 77097			
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direction Candidate / Officeholder	expenditure to benefit C/OH ** name Office sought	Office held
	Monthly wireless service			
Date	Payee name			Amount (\$)
4/20/01	Allison Greer			\$90.41
	Payee address; City; State; Zip Coo	de		
	1723 Typhoon San Antonio, TX 78248			
Purpose of payment (So required.)	ee instructions regarding type of information	**Complete if direction Candidate / Officeholder	expenditure to benefit C/OH ** name Office sought	Office held
	Reimbursement for neighborhood coffees,s			
	ATTACH ADDITIONAL CO	PIES OF THIS FORM AS	S NEEDED	

POLIT	ICAL EXPENDITURES	CITY OFFICENCE	SCHEDULE F
The Instruction g	juide explains how to coplete this form.	01 AFR 30 A St. 46	Page 8 of 8
FILER NAME		ACCOUNT# (Ethics com	mission filers)
	Carroll W. Schubert	,	,
Date	Payee name		Amount (\$)
4/23/01	John Carullo Earn Net		\$1,200.00
	Payee address; City; State; Zip Code 1000 Jackson Keller #2603 San Antonio, TX	78213	
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
	Phone Banking		
Date	Payee name		Amount (\$)
4/24/01	Prime Time Newspapers		\$1,061.76
	Payee address; City; State; Zip Code		
	17400 Judson Road San Antonio, TX 7824	7	
Purpose of payment (Se required.)	e instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
	Advertising		
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	ught Office held
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
:	,		
Purpose of payment (Se required.)	ee instructions regarding type of information	**Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office so	rught Office held
	ATTACH ADDITIONAL COP	IES OF THIS FORM AS NEEDED	

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH CITY OF SAN AN COMER SHEET PG 1

	VII I OLEM	1
The C/OH INSTRUCTION this form.	M Guide explains how to complete (Ethics Commission filers)	12 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	TITLE FIRST MI	OFFICE USE ONLY
NAME	MI. Caron	Date Received
	NICKNAME LAST SUFFIX	
	Schubert	
4 CANDIDATE/	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE	
OFFICEHOLDER ADDRESS	7600 Broadway #F4 San Antonio, Texas 78209	Date Hand-delivered or Date Postmerked
Change of Address		
5 CAMPAIGN	TITLE FIRST MI	
TREASURER NAME	Mrs. Allison	Receipt # Amount
	NICKNAME LAST SUFFIX	Date Processed
	Greer	Date imaged
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE:	ZIP CODE
ADDRESS (Residence or business)	San Antonio, Texas	78248
7 CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION	
TREASURER PHONE	(210) 493-3430	
8 REPORT TYPE	January 15 X 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15 8th day before election Exceeded \$500 limit	Final report (Allach C/OH - FR)
9 PERIOD	Month Day Year Month Day	,
COVERED	01 / 17 / 2001 THROUGH 03 / 26	2001
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year	
		General Special
11 OFFICE	OFFICE HELD (if any)	
	None City Council Dist	rict 9
13 NOTICE OF DIRECT CAMPAIGN	 Direct campaign expenditures are campaign expenditures made by others without the ci Candidates are required to disclose this information only if they receive notification of the di 	andidate's prior consent or approval. rect campaign expenditure. **
EXPENDITURE BY OTHER	Name	
INDIVIDUALS	N/A	
	Address / PO Box: Apt. / Suits #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

exas Ethics Commission	P.O. Box 1207	O Austin, Texas	78711-2070	(312)	10000
CANDIDAT SUPPORT		EHOLDER S		RECEIVED CO OF SAN ANTONI CITY CLERK	FORM C/OH OVER SHEET PG 2
14 C/OH NAME Mr.	Carroll W. Schuber			15 A 199 - 5 P 4: 1	<u> </u>
16 NOTICE FROM POLITICAL COMMITTEE(S)	may have been made	ice of political expenditures without the candidate's or or they receive notice of such COMMITTEE NAME	LUCSUCION 2 MICHIGORY	to support the candidate / or consent. Candidates an	officeholders. These expenditures d officeholders are required to report
	COMMITTEE TYPE	N/A			
	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	EASURER NAME		
additional pages		COMMITTEE CAMPAIGN TRE			
17 NO REPORTABLE ACTIVITY	Check here if	no reportable activity occum	ed during this reporting	period. (Sign affidavit below an	a submit pages 1 and 2'only.)
18 CONTRIBUTION TOTALS	1. TOTAL PLEDG	POLITICAL CONTRIBUT ES, LOANS, OR GUARAI	IONS OF \$50 OR LE NTEES OF LOANS),	SS (OTHER THAN UNLESS ITEMIZED	\$ 163.00
	2. TOTAL	. POLITICAL CONTRI THAN PLEDGES, LOAN	BUTIONS IS, OR GUARANTEE	S OF LOANS)	\$ 57,5 87.25
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITU	RES OF \$50 OR LES	S, UNLESS ITEMIZED	\$
	4. TOTAL	POLITICAL EXPEN	DITURES		\$ 29,487.26
OUTSTANDING LOAN TOTALS	5. TOTAL	PRINCIPAL AMOUNT OF	FALL OUTSTANDING PERIOD	G LOANS AS OF THE	\$ 0
19 AFFIDAVIT	CATHERINE COLL NOTARY PUB STATE OF TE) My Commission Expires F	LIC S	is true and corre	n, under penalty of perjuct and includes all informations of Candidate	ny, that the accompanying report nation required to be reported by
Sworn to and subscr	ribed before me, b	y the said <u>CARRO</u> artify which, witness r	LL SCHUB	ERT	his the <u>STH</u> day
Catherine Signature of officer a	Collins of the control of the collins of the collin	/r.Wa.	of officer administerir	NOTARY PU	BLIC, STATE OF TEX

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	CITY OF SAN ANTUNIO			
	The Instruction	GUIDE explains how to complete this form.	3 001 ≀00 -⊓	1 Total pages this Schedule Hage		
2	FILER NAME	Carroll W. Schubert	<u> </u>	3 ACCOUNT # (Eth	nics Commission filers)	
4	Date 2/17/01	5 Full name of contributor		7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)	
9	Principal occu	pation (Optional)	10 Employer (Option	al)		
	Date 3/13/01	Full name of contributor out-of-state PAC (ID#: David Allen Contributor address; City; State; Zip Code 1831 Fieldstone San Antonio, TX 78232)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
	Principal occu	pation (Optional)	Employer (Optional)			
	Date 3/5/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
	Principal occu	pation (Optional)	Employer (Optional)			
	Date 3/23/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occupation (Optional)			Employer (Optional)			
	Date 3/23/01	Full name of contributor out-of-state PAC (ID#:Chris Amberson Contributor address; City; State; Zip Code 745 E. Mulberry # 850 San Antonio, TX 78212)	Amount of contribution (\$) \$401.52	In-kind contribution description (if applicable) Food/Bev-Reception	
Principal occupation (Optional)			Employer (Option	nal)		
ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional re					ing requirements.	

	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	S RECEIVE CHY OF SAN AN CHY CLER	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instructi	ON GUIDE explains how to complete this form.	CHYCLER		Page 2 of 27
FILER NAM	Carroll W. Schubert	ZBOLASIA - 5 H	3 ACCOUNT # (Et	thics Commission filers)
Date 2/12/01	 5 Full name of contributor		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable
Principal occi	upation (Optional)	10 Employer (Option	al)	
Date 3/25/01	Full name of contributor		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable
Principal occu	upation (Optional)	Employer (Option	ai)	
Date 3/2/01	Full name of contributorout-of-state PAC (ID#: Glen Ayers Contributor address; City; State; Zip Code 745 E. Mulberry 9th Floor San Antonio, TX 78		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable
Principal occu	ipation (Optional)	Employer (Options	ai)	
Date 3/10/01	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Options	ai)	
Date 3/12/01	Full name of contributor out-of-state PAC (ID#: Elizabeth Barnes Contributor address; City; State; Zip Code 130 Gatewood Court San Antonio, TX 78209		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal occu	pation (Optional)	Employer (Optiona	a)	

Tex	cas Ethics Con	mmission P.O. Box 12070 Austin,	Texas 78711-207	0 (512) 46	<u>3-5800</u>	
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	RECE	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)	
	The Iнstruction	N GUIDE explains how to complete this form.		1 From pages this	Schedule A1: Page 3 of 27	
2	FILER NAME	Carroll W. Schubert	2001 1.09 - 9	3 ACCOUNT OF	nics Commission filers)	
4	Date 3/8/01	5 Full name of contributorout-of-state PAC (ID#: Edward Barron, III 6 Contributor address; City; State; Zip Code 5150 N Loop 1604 W San Antonio, TX 78249		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
9	Principal occup	pation (Optional)	10 Employer (Option	ai)		
	Date 3/1/01	Full name of contributor out-of-state PAC (ID#: Sam Barshop Contributor address; City; State; Zip Code 900 Isom Road San Antonio, TX 78216		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
	Principal occup	pation (Optional)	Employer (Optional)			
	Date 3/15/01	Full name of contributor out-of-state PAC (ID#: James Bastoni Contributor address; City; State; Zip Code 106 Ottowa Run San Antonio, TX 78231		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
	Principal occup	pation (Optional)	Employer (Options	ai)		
	Date 3/5/01	Full name of contributor)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
	Principal occup	ation (Optional)	Employer (Optiona	l)		
	Date 3/20/01	Full name of contributor out-of-state PAC (ID#: Thomas Beernsten Contributor address; City; State; Zip Code 2211 Markham St. Manitowoc, WI 54220)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
	Principal occupa	ation (Optional)	Employer (Optiona	1)		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	_	SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS) RECEIVED		
_						
	The Instruction	Guide explains how to complete this form.	CITY OF SA	HANTEN AND this	Schedule A1: Page 4 of 27	
2	FILER NAME	Carroll W. Schubert	2001 100 -5 3-ACCOUNT,# (Ethics Commission filers)			
4	Date 3/2/01	 Full name of contributor		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)	
9	Principal occup	pation (Optional)	10 Employer (Option	nai)		
	Date 3/15/01	Full name of contributor		Amount of contribution (\$) \$250,00	In-kind contribution description (if applicable)	
	Principal occup	ation (Optional)	Employer (Option	nal)		
	Date 3/6/01	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
	Principal occup	ation (Optional)	Employer (Optional)			
	Date 3/19/01	Full name of contributor out-of-state PAC (ID#: Michael Birnbaum Contributor address; City; State; Zip Code 70 NE Loop 410 San Antonio, TX 78209		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
	Principal occupa	ation (Optional)	Employer (Option	ai)		
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)		

Employer (Optional)

Principal occupation (Optional)

(512) 463-5800	1-800-325-8506
	<u> </u>

(OTHER	THAN PLEDGES OR LOANS	§ 1M -5 P	4: (FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)		
T	ће Інзтвистюн	Guide explains how to complete this form.		1 Total pages this Schedule A1: Page 5 of 27			
2 F	ILER NAME	Carroll W. Schubert		3 ACCOUNT # (Et	hics Commission filers)		
3.	Date 3/2/01	5 Full name of contributor ☐ out-of-state PAC (ID#:_ James Blomstrom 6 Contributor address; City; State; Zip Code 30 Rogers Wood San Antonio, TX 78248)	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)		
9 P	Principal occup	ation (Optional)	10 Employer (Option	al)	L		
3.	Date //14/01	Full name of contributor)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Р	rincipal occup	ation (Optional)	Employer (Options	ai)			
3/	Date //22/01	Full name of contributor		Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)		
Pi	Tincipal occupa	ation (Optional)	Employer (Options	af)			
	Date //21/01	Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)		
Pr	rincipal occupa	ition (Optional)	Employer (Options	i)			
	Date ::21/01	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)		
Pr	incipal occupa	tion (Optional)	Employer (Optiona	1)			

Employer (Optional)

City; State; Zip Code

Principal occupation (Optional)

Larry Cattin

Contributor address;

1509 E. 31st St. Bryan, TX 77802

\$50.00

Employer (Optional)

Principal occupation (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

	•				SCHEDULE A1
2201	רָפי	-5	P	FOR	FORMS CIOH, CIOH-SS, SC-CIOH,

		100 rati O			
The Instruct	10N Guio∈ explains how to complete this form.		1 Total pages this Schedule A1: Page 8 of 27		
2 FILER NAM	Carroll W. Schubert	3 ACCOUNT # (Ethics Commission filers)			
4 Date 2/26/01	5 Full name of contributor □ out-of-state PAC (ID#:_ Phil Crane 6 Contributor address; City; State; Zip Code 519 St. Xavier San Antonio, TX 78232)	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
9 Principal occ	supation (Optional)	10 Employer (Option	al)	1	
Date 3/21/01	Full name of contributor out-of-state PAC (ID#:_ Charles Davidson Contributor address; City; State; Zip Code 708 Canterbury Hill San Antonio, TX 78209		Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)	
Principal occ	upation (Optional)	Employer (Option	ai)		
Date 3/9/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occi	upation (Optional)	Employer (Options	al)		
Date 2/19/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)	
Principal occu	pation (Optional)	Employer (Options	ıl)		
Date 2/21/01	Full name of contributor)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Principal occu	pation (Optional)	Employer (Optiona	nf)		

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

						SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	n G	лов explains how to complete this form. $C17$	Y OF SAN ANTI CITY CLERK	1 Total pages this NIO	Schedule A1: Page 9 of 27
2	FILER NAME	Ξ	Carroll W. Schubert 230	APR -5 P 4	3 ACCOUNT # (Et	thics Commission filers)
4	Date 3/8/01	6	Full name of contributor out-of-state PAC (ID#:Sam Dawson Contributor address; City; State; Zip Code 3802 Mill Court San Antonio, TX 78230		7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9	Principal occup	patic	on (Optional)	10 Employer (Option	eal)	
	Date 3/7/01		Full name of contributor		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Principal occup	atio	in (Optional)	Employer (Option	al)	<u></u>
	Date 3/23/01		Full name of contributor)	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
	Principal occup	atio	n (Optional)	Employer (Options	al)	
	Date 2/20/01		Full name of contributor)	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Principal occup	ation	n (Optional)	Employer (Options	al)	
	Date 2/21/01		Full name of contributor out-of-state PAC (ID#: Earl & Brown, P.C. Contributor address; City; State; Zip Code 111 Soledad Suite 1111 San Antonio, TX 7820	5	Amount of contribution (\$) \$261.46	In-kind contribution description (if applicable) Food/Bev-Luncheon
_	Principal occupa	Bitior	(Optional)	Employer (Options	ni)	

Texas Et	hics Commission P.O. Box 12070 Aust	in, Texas 78711-2070	(512) 46	3-5800 1-800-325-850
1	LITICAL CONTRIBUTIONS HER THAN PLEDGES OR LOAN	IS RECEIVED	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The I	NSTRUCTION GUIDE explains how to complete this form.	CITY CLERK	Total pages this	Schedule A1: Page 11 of 27
2 FILE	Carroll W. Schubert 20	0 n3 -2 5 tt	ACCOUNT # (Et	hics Commission filers)
4 Da	te 5 Full name of contributorout-of-state PAC (ID#:	:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/5/0	Cheryl Focht		\$500.00	cescription (if applicable)
	6 Contributor address; City; State; Zip Code	е	4500.00	<u> </u>
	15510 Cloud Top San Antonio, TX 78248			
9 Princ	ipal occupation (Optional)	10 Employer (Optiona	ni)	L
Dar	te Full name of contributor Out-of-state PAC (ID#:		Amount of	In-kind contribution
3/16/0	01 James Franklin		contribution (\$)	description (if applicable)
	Contributor address; City; State; Zip Code	e	\$100.00	
	8077 Callaghan Rd. San Antonio, TX 78230			
Princ	ipal occupation (Optional)	Employer (Optiona	()	
Dar	te Full name of contributorout-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution
2/21/0	David Fritsche		\$500.00	description (if applicable)
	Contributor address; City; State; Zip Code	Э	4000.00	
	921 Proton Road San Antonio, TX 78258			
Princ	ipal occupation (Optional)	Employer (Optional	1)	
Dat	e Full name of contributor □ out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution
2/7/01	Tom Frost		\$1,000.00	description (if applicable)
	Contributor address; City; State; Zip Code	•	Ψ1,000.00	
	P.O. Box 1600 San Antonio, TX 78296			
Princi	ipal occupation (Optional)	Employer (Optional)	
Dat	e Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
3/15/0	11 Charles Fuhrmann		\$75.00	description (if applicable)
	Contributor address; City; State; Zip Code	•	ψ, υ, υυ	
	550 lvy Lane San Antonio, TX 78209		 	
Princi	pal occupation (Optional)	Employer (Optional)	
			•	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

	The INSTRUCTION	ом Guide explains how to complete this form.	RECEIVED ITY OF SAN AND	1 Total pages this ONIO	Schedule A1: Page 12 of 27
2	FILER NAM	Carroll W. Schubert	OH I ULEAN	3 ACCOUNT # (EI	thics Commission filers)
4	Date	5 Full name of contributor out-of-state PAC (ID#:	<u>(에 1923 - 5 구</u> 	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/19/01	Fulbright & Jaworski L.L.P. Texas Committee		\$500.00	i description (ii applicable)
		6 Contributor address; City; State; Zip Code		\$500.00	!
		1301 McKinney #5100 Houston, TX 77010			
9	Principal occ	pation (Optional)	10 Employer (Option	l mai)	
	Date	Full name of contributorout-of-state PAC (ID#:_)	Amount of	In-kind contribution
	2/7/01	P. Evie Furr		contribution (\$)	description (if applicable)
		Contributor address; City: State; Zip Code		\$2,000.00	1
		8111 Red Willow Austin, TX 78736			
	Principal occ.	pation (Optional)	Employer (Option	al)	
	Date	Full name of contributor Out-of-state PAC (ID#:	1	Amount of	In-kind contribution
	2/23/01	Brad Galo)	contribution (\$)	description (if applicable)
	2/25/01	Contributor address; City; State; Zip Code		\$496.92	Food/Bev-Reception
		San Antonio, TX 78258			i I
	Principal occu	pation (Optional)	Employer (Option	al)	<u> </u>
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/9/01	Russell Gantos		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		\$150.00	
		1221 Wiltshire San Antonio, TX 78209			
	Principal occu	pation (Optional)	Employer (Optional)		
-	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/23/01	Derry Gardner		contribution (\$)	description (if applicable)
		Contributor address; City, State; Zip Code		\$150.00	
		10 Ledge Lane San Antonio, TX 78212			
	Principal occu	pation (Optional)	Employer (Option	BÍ)	1
ATTACH ADDITIONAL COPIES OF TO If contributor is out-of-state PAC, please see instruction					ing requirements.

Tex	kas Ethics Con	nmission P.O. Box 12070 Austin	, Texas 78711-2070	0 (512) 46	3-5800 1-800-325-850
		CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	S	(FOR FOR	SCHEDULE A1 MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	N GUIDE explains how to complete this form.	CITY OF SA	M ANGROPPOTHIS	Schedule A1: Page 13 of 27
2	FILER NAME	Carroll W. Schubert	2001 APA -S	3 ACCOUNT # (EL	nics Commission filers)
4	Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	3/21/01	Goode Casseb Jones et al, Comm For Resp Govi		\$250.00	
		6 Contributor address; City; State; Zip Code			1
		One Riverwalk Place #1700 San Antonio, TX 78	3205		 -
9	Principal occup	pation (Optional)	10 Employer (Options	al)	
	Date	Full name of contributor)	Amount of	In-kind contribution
	3/23/01	James Gorman		contribution (\$) \$300.00	description (if applicable)
		Contributor address; City; State; Zip Code		Ψοσο.σο	 -
		4040 Broadway #615 San Antonio, TX 78209			!
	Principal occup	pation (Optional)	Employer (Options	ai)	
	Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/19/01	William Greehey		contribution (\$) \$250.00	description (if applicable)
		Contributor address; City; State; Zip Code		\$2 00.00	 -
		P.O. Box 500 San Antonio, TX 78292			
	Principal occup	pation (Optional)	Employer (Options	al)	
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/14/01	Cathy Obriotti Green		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		\$125.00	
		128 Grant Ave San Antonio, TX 78209			
	Principal occup	pation (Optional)	Employer (Options	al)	
	Date	Full name of contributor		Amount of	In-kind contribution
	2/7/01	GSABA PAC		contribution (\$)	description (if applicable)
		Contributor address; City; State; Zip Code		\$1,000.00	
		8925 IH 10 West San Antonio, TX 78230	}	 -	
	Principal occup	eation (Optional)	Employer (Optiona	il)	

Employer (Optional)

Principal occupation (Optional)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

	The INSTRUCTION GUIDE explains how to complete this form.		RECE CITY OF SA	YETOtal pages this ! ANTONIO	Schedule A1: Page 15 of 27
_	FILER NAME Carroll W. Schubert		GITY OF ACCOUNT # (Ethics Commission filers)		
	Date	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution
	3/23/01	Heard, Linebarger, Graham, Goggan, Blair, Pena &	\$ Sa	\$1,000.00	description (if applicable
		6 Contributor address; City; State; Zip Code		Ψ1,000.00	! !
		1019 Tower Life Bldg. San Antonio, TX 78205			1
Principal occupation (Optional)			10 Employer (Options	al)	
	Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/7/01	George C. Hixon		contribution (\$) \$1,000.00	description (if applicable
		Contributor address; City; State; Zip Code		\$1,000.00	
		315 E. Commerce #300 San Antonio, TX 78205	5		
_	Principal occup	pation (Optional)	Employer (Optiona		
	Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/16/01	Charles Hornberger		contribution (\$) \$150.00	description (if applicable
		Contributor address; City; State; Zip Code		V 100.00	[
		805 College Blvd. San Antonio, TX 78209		!	! !
_	Principal occur	pation (Optional)	Employer (Optiona	11)	L.
=	Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution
	3/14/01	Raymond Ince		contribution (\$)	description (if applicable
		Contributor address; City; State; Zip Code		\$500.00	l
		2233 NW Loop 410 San Antonio, TX 78230		1	
Principal occupation (Optional)			Employer (Optiona	ıl)	
=	Date	Full name of contributor out-of-state PAC (ID#:).	Amount of	In-kind contribution
	3/4/01	Mark Johnson		s250.00	description (if applicable
		Contributor address; City; State; Zip Code		ψ <u>ε</u> υυ.υυ	
		128 W. Brandon Dr. San Antonio, TX 78209		 	
Principal occupation (Optional)			Employer (Optiona		NE

Contributor address: City; State; Zip Code P.O. Box 970407 San Antonio, TX 78297 Principal occupation (Optional) Employer (Optional) Date Full name of contributor Out-of-state PAC (ID#: Amount of In-kind contribution contribution (\$) description (if applicable) 3/6/01 Bill Kaufman \$1,500.00 Contributor address; City; State; Zip Code 230 Country Lane San Antonio, TX 78209 Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID# Amount of In-kind contribution contribution (\$) description (if applicable) 3/2/01 Charlie Keller \$50.00 Contributor address; City; State; Zip Code 1809 N. Wayne St. Arlington, VA 22201 Principal occupation (Optional) Employer (Optional)

contribution (\$)

\$250.00

description (if applicable)

3/13/01

Clarence Kahlig

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,

				30-31-AC, 31-AC-35)
The Instruction	N Guide explains how to complete this form.	RECEIVED	1 Total pages this	Schedule A1: Page 17 of 27
2 FILER NAME	Carroll W. Schubert	OF SAN ANTOMI CITY CLERK	3 ACCOUNT # (Eti	hics Commission filers)
4 Date	5 Full name of contributorout-of-state PAC (ID#:	R-5 P 4: 1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/2/01	George Kennedy, Jr. 6 Contributor address: City: State: Zip Code		\$100.00	1
	6 Contributor address; City; State; Zip Code 27027 Bulverde Rd. San Antonio, TX 78260			 - -
9 Principal occup	pation (Optional)	10 Employer (Option	al)	
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/17/01	Edward Kliewer		\$100.00	
	Contributor address; City; State; Zip Code 14126 Bluff Manor San Antonio, TX 78216			
	14120 Dali Maior Gall Altonio, IA 10210			
Principal occup	pation (Optional)	Employer (Options	ai)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/4/01	Edward Knight		\$1,000.00	Manage (1. approximate)
	Contributor address; City; State; Zip Code		!	,
	32 W. Irving St. Chevy Chase, MD 20815		;	 -
Principal occup	pation (Optional)	Employer (Options	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/23/01	Edward Kopplow Contributor address; City; State; Zip Code		\$1,000.00	
	7744 Broadway #210 San Antonio, TX 78209			
	7744 Diodunay #210 Call Altono, 17 10200			
Principal occup	Principal occupation (Optional)		al)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/19/01	Cyndi Taylor Krier-Campaign Acct.		\$500.00	
	Contributor address; City; State; Zip Code 106 S. St. Marys St. San Antonio, TX 78205		<u> </u>	
	100 G. Gt. Marys Gt. Garry Rollo, 17. 70200			l
Principal occup	ation (Optional)	Employer (Optiona	ni)	
If contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			na requirements.

POLITICAL CONTRIBUTIONS

	OTHER THAN PLEDGES OR LOANS			SCHEDULE A1 (FOR FORMS CACH, CACH-SS, SC-CACH, SC-SPAC, SPAC, & SPAC-SS)		
The Instruction	ON GUIDE explains how to complete this form.	CITY OF SAN A	D Total pages this	Schedule A1: Page 18 of 27		
2 FILER NAMI	E Carroll W. Schubert	2001 / PR - 5 E	ACCOUNT # (Ethics Commission filers)			
4 Date 3/26/01	5 Full name of contributorout-of-state PAC (ID#: William Latham 6 Contributor address; City; State; Zip Code 19907 Messina San Antonio, TX 78258)	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)		
9 Principal occu	pation (Optional)	10 Employer (Option	al)			
Date 2/8/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)		
Principal occupation (Optional)		Employer (Optional)				
Date 2/28/01	Full name of contributor out-of-state PAC (ID#:_ Leco Management Contributor address; City; State; Zip Code 3707 N. St. Marys #201 San Antonio, TX 78205		Amount of contribution (\$) \$200.00	In-kind contribution description (if applicable)		
Principal occu	pation (Optional)	Employer (Option	al)			
Date 3/9/01	Full name of contributor out-of-state PAC (ID#:_ Doug Leonhard Contributor address; City; State; Zip Code 13230 Hunters Lark San Antonio, TX 78230)	Amount of contribution (\$) \$150.00	In-kind contribution description (if applicable)		
Principal occupation (Optional)		Employer (Options	ai)	1		
Date 3/22/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)		
Principal occup	pation (Optional)	Employer (Optiona	al)			
lf contri	ATTACH ADDITIONAL COPIES butor is out-of-state PAC, please see instru			na requirements		

Texas Ethics Commission P.O. Box 12070 **POLITICAL CONTRIBUTIONS**

		SC	HEDL	JLE	A1
OR	FORMS	CADH	CIOHAS	S SC	CION

	OTHER	THAN PLEDGES OR LOANS	RECEIVED		SC-SPAC, SPAC, & SPAC-SS)
	The Instruction	GUDE explains how to complete this form.	OF SAM ANTON CITY CLERK	Total pages this	Schedule A1: Page 19 of 27
2	FILER NAME	Carroll W. Schubert 2001	23-5 P 4:	ACCOUNT # (Et	hics Commission filers)
4	Date 3/22/01	5 Full name of contributor out-of-state PAC (ID#: Fred Loya)	7 Amount of contribution (\$) \$1,000.00	8 In-kind contribution description (if applicable)
		6 Contributor address; City, State; Zip Code 1800 N Lee Trevino #101 El Paso, TX 79936			
9	Principal occup	oation (Optional)	10 Employer (Option	nai)	
	Date 3/22/01	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$75.00	In-kind contribution description (if applicable)
	Principal occup	ation (Optional)	Employer (Option	ei)	
	Date 3/9/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	in-kind contribution description (if applicable)
	Principal occup	ation (Optional)	Employer (Option	ai)	
	Date 3/21/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Principal occup	ation (Optional)	Employer (Option	ai)	
	Date 3/2/01	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$250.00	In-Idind contribution description (if applicable)
	Principal occupi	ation (Optional)	Employer (Option	ai)	
			····		

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

City; State; Zip Code 119 E. Kings Highway San Antonio, TX 78212 Principal occupation (Optional) Employer (Optional)

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The Instruction Guide explains how to complete this form CITY OF SAN ANTONIO Page 1 of 2					
2 FILER NAME	FILER NAME 3 ACCOUNT # (ER				
. 5	Carroll W. Schubert 2001 APR -5 D 4: 12	8 Amount			
4 Date	5 Payee name	(\$)			
2/7/01	Home Depot Grayee address; City; State; Zip Code 435 Sunset San Antonio, TX 78209	\$32.32			
	7 Purpose of expenditure (See instructions regarding type of information required.)				
	Stakes	Reimbursement from political contributions intended			
Date	Payee name	Amount (\$)			
	Office Max Payee address; City; State; Zip Code	(*/			
3/21/01	255 E. Basse Rd. San Antonio, TX 78209	\$19.93			
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement			
	Office Supplies	from political contributions intended			
Date	Payee name	Amount (\$)			
	Circuit City				
1/30/01	321 NW Loop 410 San Antonio, TX 78216	\$156.40			
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political			
	Computer Printer	contributions intended			
Date	Payee name	Amount (\$)			
	Committee.For Judicial Reform	,			
1/26/01	700 N. St. Marys #800 San Antonio, TX 78205	\$50.00			
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political			
	Super Bowl Brunch Ticket	contributions intended			
Date	Payee namé	Amount (\$)			
	Cingular Wireless Services				
1/29/01	P.O. Box 4460 Houston, TX 77097	\$263.82			
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement			
	Cellular Phone Service	from political contributions intended			

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	ROM PERSONAL FUNDS	S	CHEDULE G
The Instruction	Guide explains how to complete this form. RECEIVED CITY OF SAN ANTONIO CITY CLERK		Page 2 of 2
2 FILER NAME	Carroll W. Schubert	ics Comr	nission filers)
4 Date	5 Payee name	8	Amount (\$)
2/3/01	Home Depot 6 Payee address; City; State; Zip Code 435 Sunset San Antonio, TX 78209		\$38.52
	7 Purpose of expenditure (See instructions regarding type of information required.) Painting Supplies for Hdqts.	U	Reimbursement from political contributions intended
Date	Payee name Circuit City		Amount (\$)
2/1/01	Payee address; City; State; Zip Code 321 NW Loop 410 San Antonio, TX 78216		\$345.17
	Purpose of expenditure (See instructions regarding type of information required.) Fax Machine & Monitor		Reimbursement from political contributions intended
Date	Payee name City of San Antonio		Amount (\$)
1/23/01	Payee address; City; State; Zip Code P.O. Box 839975 San Antonio, TX 78283		\$8.63
	Purpose of expenditure (See instructions regarding type of information required.) District 9 Maps	W	Reimbursement from political contributions intended
Date	Payee name Cingular Wireless Service		Amount (\$)
2/14/01	Payee address; City; State; Zip Code P.O. Box 4460 Houston, TX 77097		\$85.53
	Purpose of expenditure (See instructions regarding type of information required.) Cellular Phone Service	W	Reimbursement from political contributions intended
Date	Payee name		Amount (\$)
	Payee address; City; State; Zip Code		
	Purpose of expenditure (See instructions regarding type of information required.)		Reimbursement from political contributions intended
	Purpose of expenditure (See instructions regarding type of information required.) ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED		from politic

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH,

O THE				SC-SPAC, SPAC, & SPAC-SS)	
The Instruction	N GUIDE explains how to complete this form.	RECEI		Page 21 of 27	
2 FILER NAME	Carroll W. Schubert	CHIT OF SYM	AMACEBIAT# (EI ERK	hics Commission filers)	
4 Date	5 Full name of contributorout-of-state PAC (ID#:	2001 (1777 - 5)	ZD Almount of contribution (\$)	8 In-kind contribution description (if applicable)	
2/2/01	Sam Millsap, Jr.		\$1,000.00		
	6 Contributor address; City; State; Zip Code		,	!]	
	621 Canterbury Hill San Antonio, TX 78209				
9 Principal occu	pation (Optional)	10 Employer (Option	nal)		
Date	Full name of contributor Out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/1/01	Ed Minarich		contribution (\$) \$75.00	description (if applicable)	
	Contributor address; City; State; Zip Code		475.55	 	
	12123 Orchid Blossom San Antonio, TX 78247				
Principal occu	pation (Optional)	Employer (Option	al)		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/21/01	Madonna Minarich		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$75.00	1	
	12123 Orchid Blossom San Antonio, TX 78247			 -	
Principal occup	pation (Optional)	Employer (Optional)			
Date	Full name of contributor)	Amount of	In-kind contribution	
1/29/01	Carl Moerer		contribution (\$) \$1,000.00	description (if applicable)	
	Contributor address; City; State; Zip Code		\$1,000.00		
	12011 Winwood Houston, TX 77023				
Principal occup	pation (Optional)	Employer (Option	al)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/8/01	Michael Moore		contribution (\$) \$250.00	description (if applicable)	
	Contributor address; City; State; Zip Code		\$200.00		
	9723 Mid Walk San Antonio, TX 78230				
Principal occup	pation (Optional)	Employer (Optiona	al)		
lf contri	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instructi	ON GUIDE explains how to complete this form.	CITY OF SAN AN	Total pages this	Schedule A1: Page 22 of 27	
2 FILER NAM	Carroll W. Schubert	001 APR -5 P	3 ACCOUNT # (E)	thics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution	
3/6/01	Clifford Morton			description (if applicable)	
	6 Contributor address; City; State; Zip Code		\$500.00]	
	1919 Oakwell Farms #270 San Antonio, TX 782	18		 -	
9 Principal occ	upation (Optional)	10 Employer (Option	nai)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/14/01	Don Newquist		\$500.00	description (ii applicable)	
	Contributor address; City; State; Zip Code		\$000.00	<u> </u>	
	111 Herman Dr. Unit 9E Houston, TX 77004			; 	
Principal occ	upation (Optional)	Employer (Option	l. pal)		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
2/6/01	Shelton Padgett		contribution (\$) \$1,000.00	description (if applicable)	
	Contributor address; City; State; Zip Code		\$1,000.00	<u> </u>	
	1500 Nationsbank Plaza San Antonio, TX 78205	3		! 	
Principal occu	pation (Optional)	Employer (Optional)			
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/11/01	George Parker, Jr.		contribution (\$)	description (if applicable)	
	Contributor address; City, State, Zip Code		\$100.00	· 1	
	215 W. Fair Oaks Place San Antonio, TX 78209			 	
Principal occu	pation (Optional)	Employer (Option	ai)		
Date	Full name of contributorout-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/20/01	Benjamin Patrick		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$100.00	1	
	. 2006 Pinetree San Antonio, TX 78232			[-	
Principal occu	pation (Optional)	Employer (Option	ai)		
If contr	ATTACH ADDITIONAL COPIES ibutor is out-of-state PAC, please see instru			ing requirements.	

POLITICAL CONTRIBUTIONS

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS (FOR FORMS C/OH, C/OH-SS SC-SPAC, SPAC,	MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)				
	The Instruction	Guide explains how to complete this form.	RECEIVED Total pages this Schedule A1: CITY OF SAN ANTONIO Page 23 of 27		Page 23 of 27
2	FILER NAME	Carroll W. Schubert	2001 400 - F	3 ACCOUNT# (EII	nics Commission filers)
4	1/31/01	Full name of contributor	Zest F. N. S. V.	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable)
9	Principal occupa	tion (Optional)	10 Employer (Option	al)	
	Date 3/8/01	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
	Principal occupa	tion (Optional)	Employer (Option	al)	
	3/5/01	Full name of contributor ut-of-state PAC (ID#:		Amount of contribution (\$) \$50.00	In-kind contribution description (if applicable)
	Principal occupal	tion (Optional)	Employer (Option	al)	
	Date 3/4/01	Full name of contributor		Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
	Principal occupat	ion (Optional)	Employer (Options	ai)	
-	Date 3/9/01	Full name of contributor		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)
	Principal occupat	ion (Optional)	Employer (Options	al)	
	if contribu	ATTACH ADDITIONAL COPIES			ng requirements.

Texas Ethics Commission

SCHEDULE A1

(FQR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

ТІ	he І нѕткистю	N Guide explains how to complete this form.	RECEIVED TY OF SAN AND	1 Total pages this ONIO	1 Total pages this Schedule A1: 0NIO Page 24 of 27	
2 F	ILER NAME	Carroll W. Schubert	norver - 5 P	3 ACCOUNT # (Et	hics Commission filers)	
4 3/2	Date 21/01	5 Full name of contributor out-of-state PAC (ID#:	201 1 1 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)	
9 P	Principal occur	pation (Optional)	10 Employer (Option	oai)		
3/1	Date 19/01	Full name of contributor out-of-state PAC (ID#:_ Robert Scott Contributor address; City; State; Zip Code 700 N. St. Marys #1400 San Antonio, TX 78205		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
Р	rincipal occup	pation (Optional)	Employer (Option	al)		
3/1	Date 14/01	Full name of contributor out-of-state PAC (ID#:_ SFD Enterprises Contributor address; City; State; Zip Code 1250 NE Loop 410 #555 San Antonio, TX 78209		Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable)	
Р	rincipal occup	pation (Optional)	Employer (Optional)			
2/2	Date 21/01	Full name of contributorout-of-state PAC (ID#: Rick Sheldon Contributor address; City; State; Zip Code 601 Sonterra Blvd. San Antonio, TX 78258		Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)	
P	rincipal occup	pation (Optional)	Employer (Option	ai)	<u></u>	
	Date 5/01	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)	
Pi	rincipal occup	eation (Optional)	Employer (Option	ai)		
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1 (FOR FORMS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)

The Instruct	NON GUIDE explains how to complete this form.	REDENVILLAges this Schedule A1: CITY OF SAN ANTONIO Page 25 of 27			
2 FILER NAM	ME Carroll W. Schubert	TU. !	3 ACCOUNT # (EI	hics Commission filers)	
	Carron W. Conabert	2001 400	_ C D 11: 1	2	
4 Date	5 Full name of contributor out-of-state PAC (ID#:	2001 APR	7 Amount of	8 In-kind contribution	
3/19/01	Scott Sledge		contribution (\$) \$100,00	description (if applicable)	
	6 Contributor address; City; State; Zip Code		\$100.00	<u> </u>	
	15 Court Circle San Antonio, TX 78209				
		T			
9 Principal oc	cupation (Optional)	10 Employer (Option	eal)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/2/01	Jack Spector		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$250.00		
	227 Devine Road San Antonio, TX 78212			<u> </u> 	
				<u> </u>	
Principal oc	cupation (Optional)	Employer (Option	ai)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/13/01	Albert Steves		contribution (\$)	description (if applicable)	
			\$250.00		
	P.O. Box 6356 San Antonio, TX 78209			 	
Principal occ	cupation (Optional)	Employer (Optional)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/7/01	William Vaughn		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$250.00		
	18611 Surreywood San Antonio, TX 78232				
Principal occ	cupation (Optional)	Employer (Optional)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of	In-kind contribution	
3/22/01	Tim Von Dohlen		contribution (\$)	description (if applicable)	
	Contributor address; City; State; Zip Code		\$100.00		
	P.O. Box 236 Goliad, TX 77963				
Principal occ	supation (Optional)	Employer (Option:	al)		
		* * * * * * * * * * * * * * * * * * * *			
	ATTACH ADDITIONAL COPIES	S OF THIS FORM A	S NEEDED		
If cont	If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.				

Principal occupation (Optional) Employer (Optional) Date Full name of contributor out-of-state PAC (ID#:

City; State; Zip Code

Amount of In-kind contribution contribution (\$) description (if applicable)

\$250.00

3 Blenheim San Antonio, TX 78209

Lewis Westerman

Contributor address;

Employer (Optional)

Principal occupation (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

3/9/01

SCHEDULE A1

OTHER THAN PLEDGES OR LOANS		NS (FOR FORMS CA		MS C/OH, C/OH-SS, SC-C/OH, SC-SPAC, SPAC, & SPAC-SS)
The Instruc	CTION GUIDE explains how to complete this form.	RECE CITY OF SA	YE Gal pages this	Schedule A1: Page 27 of 27
2 FILER NA	ME Carroll W. Schubert	CITY	a AOCOUNT # (Et	hics Commission filers)
3/10/01	5 Full name of contributorout-of-state PAC (ID#: Lee Willis, III 6 Contributor address; City; State; Zip Code	26GL APR = 5	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable)
	14034 Tree Crossing San Antonio, TX 78247			
) Principal oc	coupation (Optional)	10 Employer (Option	nal)	
Date 3/5/01	Full name of contributor out-of-state PAC (ID#:_ Kenneth Wolf Contributor address; City; State; Zip Code 310 S. St. Marys San Antonio, TX 78205		Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
Principal oc	coupation (Optional)	Employer (Option	l nai)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal oc	ocupation (Optional)	Employer (Option	al)	
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation (Optional)	Employer (Option	al)	
Date	Full name of contributor)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occ	cupation (Optional)	Employer (Option	ai)	
If con	ATTACH ADDITIONAL COPIES tributor is out-of-state PAC, please see instru			ng requirements.

	POLITIC	CAL EXPENDITURES		SCHEDULE F
	The Instruction	Guide explains how to complete this form.	CITY OF SAN ANTOI CITY CLERK	√ft) edule F: Page 1 of 8
2	FILER NAME	Carroll W. Schubert		# (Ethics Commission filers)
4	Date 2/1/01	5 Payee name The Collection at Broadway 6 Payee address: City: State: Zip Code 7959 Broadway #201 San Antonio, TX 7	8209	7 Amount (\$) \$900.00
8	Purpose of pay required.)	ment (See instructions regarding type of information February Rent	9 ··· Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
	Date	Payee name		Amount (\$)
	2/1/01	Willis Akin, III Payee address; City; State; Zip Code		\$ 521.51
		512 E. Dewey #8 San Antonio, TX 78212	2	
	Purpose of payr required.)	ment (See instructions regarding type of information Computer Equipment	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
	Date	Payee name		Amount
	2/2/01	American Assoc. of University Women		(\$)
		Payee address: City; State; Zip Code		\$50.00
		P.O. Box 460825 San Antonio, TX 78246		
	Purpose of payr required.)	ment (See instructions regarding type of information Luncheon tickets	-• Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH ** Office sought Office held
1	Date	Payee name		Amount (\$)
	2/2/01	Northeast Education Foundation Payee address: City; State; Zip Code 8961 Tesoro Dr. San Antonio, TX 78217		\$100.00
	Purpose of payr required.)	ment (See instructions regarding type of information Gala tickets	Complete if direct expenditure Candidate / Officeholder name	to benefit C/OH •• Office sought Office held
		ATTACH ADDITIONAL COPIES	S OF THIS FORM AS NEEDED	

	POLITIC	CAL EXPENDITURES	RECEIVED CITY OF SAN ANTONIO CITY CLERK	SCHEDULE F	
	The Instruction	Gupe explains how to complete this form.	2001 APR -5 P 4: 12		
2	FILER NAME	Carroll W. Schubert	3 ACCOUNT # (Ethics Commission filers)	
4	Date 2/6/01	5 Payee name Allied Advertising 6 Payee address: City: State; Zip Code 3700 Blanco Road San Antonio, TX 7821	3	Amount (\$) \$2,311.29	
8	Purpose of pay required.)	ment (See instructions regarding type of information Signs, bumper stickers	9 Complete if direct expenditure to to Candidate / Officeholder name Office	penefit C/OH ⊶ pe sought Office held	
	Date 2/4/01	Payee name Bear Audio Visual Payee address; City; State; Zip Code 1602 W. Kings Hwy. San Antonio, TX 782	212	Amount (\$) \$92.77	
Purpose of payment (See instructions regarding type of information required.) Candidate / Office noider name Office sought Office held					
	Date 2/6/01	Payee name Allison Greer Payee address; City, State; Zip Code 1723 Typhoon San Antonio, TX 78248		Amount (\$) \$160.11	
	Purpose of pay required.)	ment (See instructions regarding type of information Reimb/postage & supplies	Complete if direct expenditure to b Candidate / Officeholder name Office	penefit C/OH ** ce sought Office held	
•	Date 2/8/01	Payee name Home Depot Payee address; City: State; Zip Code 435 W. Sunset San Antonio, TX 78209		Amount (\$) \$79.19	
	Purpose of pay required.)	ment (See instructions regarding type of information Supplies for hdqts.	Complete if direct expenditure to b Candidate / Officeholder name Offic	penefit C/OH pe sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

P.O. Box 12070

	POLITIC	CAL EXPENDITURES	RECEIVED OF SAN ANTONIO CITY CLERK	SCHEDULE F
	The instruction	Correspondent to complete this form		s Schedule F: Page 3 of 8
2	FILER NAME	Camali M. Cahuhani		T # :Ethics Commission filers)
4	Date 2/8/01	5 Payee name Willis Akin, III 6 Payee address: City: State: Zip Code 512 E. Dewey #8 San Antonio, TX 78212		7 Amount (\$) \$90.00
8	Purpose of payr required.)	ment (See instructions regarding type of information Computer set-up	9 Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH Office sought Office held
	Date	Payee name		Amount (\$)
	2/9/01	Wal-Mart Payee address: City: State: Zip Code 8500 Jones Maltsberger San Antonio, TX	78216	\$28.74
_	Purpose of payr required.)	ment (See instructions regarding type of information Office supplies	Complete if direct expenditure Candidate / Officeholder name	e to benefit C/OH Office sought Office held
-	Date	Payee name		Amount (\$)
	2/12/01	Wal-Mart Payee address: City; State; Zip Code 8500 Jones Maltsberger San Antonio, TX	78216	\$67.87
	Purpose of payr required.)	ment (See instructions regarding type of information Filing cabinet & supplies	Complete if direct expenditur Candidate / Officeholder name	e to benefit C/OH ++ Office scugnt Office held
	Date	Payee name		Amount (\$)
	2/15/01	Eller Media Payee address: City; State; Zip Code 3714 N. Pan Am Exp. San Antonio, TX 7	8219	\$6,000.00
	Purpose of payr required.)	ment (See instructions regarding type of information Billboards	Complete if direct expenditur Candidate / Officeholder name	e to penefit C/OH ↔ Office sought Office held
		ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEEDED	

	POLITIC	CAL EXPENDITURES			SCHEDULE F
	The INSTRUCTION	Guio∈ explains how to complete this form.	RECEIVED CITY OF SAN ANTO! CITY CLERK	Total pages	s Schedule F: Page 4 of 8
2	FILER NAME	Carroll W. Schubert	2001 APR -5 P 4:	-	# (Ethics Commission Mers)
4	Date 2/17/01	5 Payee name Allison Greer 6 Payee address; City; State; Zip Cod 1723 Typhoon San Antonio, TX 78248			7 Amount (\$) \$750.00
8	Purpose of pay required.)	ment (See instructions regarding type of information Consulting	9 Complete if di Candidate / Officenoider r		to benefit C/OH Office sought Office held
	Date 2/23/01	Payee name Home Depot Payee address; City; State; Zip Cod 435 W. Sunset San Antonio, TX 78209	e		Amount (\$) \$102.19
	Purpose of pay required.)	ment (See instructions regarding type of information Metal stakes for signs	← Complete if di Candidate / Officeholder r		to benefit C/OH Office sought Office held
	Date 2/23/01	Payee name Anne Whittington Payee address: City; State; Zip Cod 8715 Starcrest #3 San Antonio, TX 782			Amount (\$) \$1,500.00
	Purpose of pay required.)	ment (See instructions regarding type of information Consulting	•• Complete if di Candidate / Officenoider i		to benefit C/OH Office sought Office held
	Date 2/27/01	Payee name City of San Antonio Payee address; City; State; Zip Cod P.O. Box 839975 San Antonio, TX 7829			Amount (\$) \$100.00
	Purpose of pay required.)	ment (See instructions regarding type of information	↔ Complete if di Candidate / Officenolder r	•	to benefit C/OH ** Office sought Office held
		ATTACH ADDITIONAL COPI	ES OF THIS FORM AS N	IEEDED	

P.O. Box 12070

	POLITIC	AL EXPENDITURES		SCHEDULE F	
	The Instruction	Gues explains how to complete this form.	CITY OF SAN ANTONIO CITY CLERK	Schedule F: Page 5 of 8	
2	FILER NAME	Carroll W. Schubert		(Ethics Commission filers)	
4	Date 2/28/01	5 Payee name Southwestern Bell 6 Payee address: City: State; Zip Code P.O. Box 1780 Houston, TX 77251		7 Amount (\$) \$559.41	
8	Purpose of payi required.)	ment (See instructions regarding type of information Telephone Installation/service	9 Complete if direct expenditure t Candidate / Officenolder name	o benefit C/OH ** Office sought Office held	
	Date	Payee name		Amount (\$)	
	2/28/01	San Antonio Hispanic Chamber of Commer Payee address; City; State; Zip Code	ce	\$80.00	
	Purpose of payirequired.)	603 Navarro San Antonio, TX 78205 ment (See instructions regarding type of information Briseno luncheon tickets	Complete if direct expenditure to Candidate / Officeholder name	o benefit C/OH ↔ Office sought Office held	
				Amount	
	Date 2/28/01	Payee name Allison Greer Payee address: City; State; Zip Code 1723 Typhoon San Antonio, TX 78248		(\$) \$53.47	
	Purpose of pay required.)	ment (See instructions regarding type of information Reimb/postage,supplies	 Complete if direct expenditure to Candidate / Officeholder name 	o benefit C/OH •• Office sought Office held	
	Date 2/28/01	Payee name Alkiance D-9 Neighborhood Payee address; City; State; Zip Code P.O. Box 180395 San Antonio, TX 78280		Amount (\$) \$15.00	
	Purpose of pay required.)	ment (See instructions regarding type of information Membership dues	 Complete if direct expenditure Candidate / Officeholder name 	to benefit C/OH •• Office sought Office held	
	ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED				

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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Real Estate Council Breakfast

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Austin, Texas 78711-2070

SCHEDULE F **POLITICAL EXPENDITURES** Total pages Schedule F: Page 8 of 8 The Instruction Guide explains how to complete this form. Carroll W. Schubert ACCOUNT # (Ethics Commission flors) 2 FILER NAME 7 Amount 5 Payee name Date 4 (\$) 3/16/01 Allison Greer \$863.54 City; State; Zip Code 6 Pavee address: 1723 Typhoon San Antonio, TX 78248 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Consulting fee/reimb. Amount Date Payee name (\$) 3/16/01 Home Depot \$53.51 Payee address; City; State; Zip Code 435 W. Sunset San Antonio, TX 78209 Purpose of payment (See instructions regarding type of information -- Complete if direct expenditure to benefit C/OH -required.) Candidate / Officeholder name Office sought Office held Metal stakes Amount Date Pavee name (\$) 3/20/01 Office Depot Payee address: City; State; Zip Code \$86.74 13484 San Pedro San Antonio, TX 78216 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office held Candidate / Officeholder name Invitations Amount Date Payee name (\$) 3/21/01 City Public Service City; State; Zip Code Payee address; \$45.51 P.O. Box 1771 San Antonio, TX 78296 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Office held Candidate / Officeholder name Monthly service ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED